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COUNTY BOROUGH OF SOUTH SHIELDS




ANNUAL REPORT

of the

Medical Officer of Health

for the year 1963

I. D. LEITCH, M.B., Ch.B., D.P.H.



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PUBLIC HEALTH COMMITTEE

As at December, 1963.

THE MAYOR

ALDERMAN MRS. L. GLOVER, J.P.

Chairman.

ALDERMAN W. P. McANANY, J.P.

Vice-Chairman :

ALDERMAN MRS. R. A. HART

Alderman P. Brady	Councillor Mrs. R. F. Farrell
Alderman J. A. Clark, J.P.	Councillor Mrs. J. L. Fry
Alderman A. L. Newman, J.P.	Councillor J. Maddison
Alderman Mrs. M. E. Sutton, J.P.	Councillor D. M. Marshall
Alderman J. E. Wright	Councillor H. Marshall
Councillor R. Bainbridge, M.B.E., J.P.	Councillor J. McKee, J.P.
Councillor Mrs. E. Cook	Councillor Mrs. E. Roberts
Councillor M. Diamond	Councillor T. J. Robinson
Councillor J. A. Dixon	Councillor A. Stobbs
Councillor H. R. Donkin	Councillor F. Wilson

HEALTH SERVICES COMMITTEE

Chairman :

ALDERMAN W. P. McANANY, J.P.

Composed of all the members of the Public Health Committee
with the addition of the following members :

Dr. N. Cowley

Representative of South Shields Local Medical Committee.

Dr. F. H. Robson

Representative of South Shields Branch of British Medical Association.

Mr. J. G. Gedling

Mr. S. Hannay

Representative of South Shields Local Executive Council.

Miss Stoddart

Matron of the South Shields and District Nursing Association.

One Vacancy

Representative of Local Hospital Management Committee.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE

Chairman :

ALDERMAN MRS. M. E. SUTTON, J.P.

Composed of all the members of the Health Services Committee
with the addition of the following members :

Mr. N. Whale

Mrs. L. M. Bradley

MENTAL HEALTH SERVICES SUB-COMMITTEE

Chairman :

ALDERMAN W. P. McANANY, J.P.

SLAUGHTERHOUSES SUB-COMMITTEE

Chairman :

THE MAYOR, ALDERMAN MRS. L. GLOVER, J.P.

STAFF OF PUBLIC HEALTH DEPARTMENT

(As at December, 1963)

Medical and Dental Staff:

Medical Officer of Health and Principal School Medical Officer :

I. D. LEITCH, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School
Medical Officer :

A. R. BUCHAN, M.B., B.S., D.P.H.

Senior School Medical Officer:

H. LEVY, M.B., B.S.

Assistant Medical Officer of Health
(*and School Medical Officers*)

ANNIE K. WATTIE M.A., M.B., Ch.B., D.P.H.
(*retired 30.9.1963*)

JEAN WALMSLEY M.B., Ch.B., D.P.H.

LORNA M. ROZNER, M.B., B.S., D.P.H.

P. A. Y. NARAYANAN, M.B., B.S., D.T.M. & H., D.P.H.
(*resigned 31.7.63*)

VALERIE CALDER, M.B., B.S.
(*resigned 31.12.63*)

ANN CARTER, M.B., Ch.B.
(*commenced 4.11.63*)

Chief Dental Officer and Principal School Dental Officer:

A. B. GIBSON, B.D.S.

Dental Officers
(*and School Dental Officers*)

R. BURN, B.D.S.
(*resigned 15.6.63*)

B. SCRAFTON, B.D.S.

E. LOWREY B.D.S.
(*commenced 26.8.63*)

J. P. BLUNT, L.D.S.
(*part-time*)

J. WALSH, B.D.S.
(*part-time commenced 19.8.63*)

Dental Anaesthetist:

E. O'NEIL, L.R.C.P.I., L.R.C.S.I., L.M.
(*sessional*)

Consultant Psychiatrist:

(*Child Guidance—in conjunction with Sunderland County
Borough*)

G. S. FIDDLER, M.B., Ch.B., D.P.H., D.P.M.
(*resigned 17.7.63*)

R. N. STANSFIELD, M.R.C.S., L.R.C.P.
(*commenced 10.1.64*)

Consultant Chest Physicians:

(*in conjunction with Regional Hospital Board*)

P. M. ROOZE, M.R.C.P., M.R.C.S.

Consultant Adviser in Venereal Diseases:

C. B. S. SCHOFIELD, M.D., M.R.C.P.

Consultant Adviser in Paediatrics

(*in conjunction with Regional Hospital Board*)

R. D. G. CREERY, M.D., M.R.C.P., D.C.H.

Consultant Adviser in Mental Health.

G. MCCOULL, O.B.E., V.R.D., M.D.

Nursing and Allied Staff:

Superintendent Health Visitor and School Nurse:

MISS E. MYCOCK, S.R.N., S.C.M., S.R.F.N., H.V. (Cert.)

Senior Health Visitor:

MISS M. SHERRY, S.R.N., S.C.M., H.V. (Cert.)
(*retired 28.7.63*)

MRS. M. STEWART, S.R.N., S.C.M., H.V. (Cert)
(*Senior Health Visitor from 29.7.63*)

15 Health Visitors

7 School Nurses

1 Assistant Nurse

2 Clinic Assistants

(*commenced 23.9.63 and 6.1.64*)

Non-Medical Supervisor of Midwives:

MRS. S. A. INNES, S.R.N., S.C.M.

Matron Midwifery Part II Training School:

MISS E. ROBINSON, S.R.N. S.C.M.

25 Domiciliary Midwives.

Matron Day Nurseries:

MRS. L. FRIZE (*née Fife*) S.R.N., S.C.M.

Assistant Matron Day Nurseries:

MRS. C. ROBSON, S.R.N.

5 Nursery Nurses.

11 Student Nursery Nurses.

Matron, South Shields and District Nursing Association:

MISS A. STODDART, S.R.N.

15 District Nurses and one male nurse.

Social Case Worker

(*part-time in conjunction with Northumberland and Tyneside Council of Social Service*):

MRS. E. WINCH.

Home Help Organiser:

MRS. A. C. THOMPSON.

Assistant Organiser.

2 Clerks.

210 Home Helps

(*2 full-time, 208 part-time*)

Other Staff:

Speech Therapist:

MRS. M. AINLEY (*née Ogle*), L.C.S.T.

Physiotherapist:

MISS R. HENDERSON
(*sessional*)

Education Psychologist:

(*in conjunction with Education Committee*).

MR. I. R. MCKENZIE, B.Sc. (Psych.)

3 Dental Assistants:

(*in conjunction with the Education Committee*).

Mental Health Service:

Senior Mental Welfare Officer:

W. SCOTT, A.I.S.W.

Mental Welfare Officers:

D. J. JOHNSTON.

(*commenced 7.1.63*)

MRS. A. TIERNAN

S. HILL

(*commenced 7.2.63*)

One Clerk

Supervisor of Junior and Adult (Female) Training Centre:

MRS. I. HOULT.

5 Assistant Supervisors.

1 Trainee.

Supervisor of Adult (Male) Training Centre:

E. POLLARD.

2 Assistant Supervisors.

Ambulance Service:

Ambulance Superintendent:

W. S. BOHILL.

4 chargehand/drivers, 24 drivers, 1 night telephone attendant,
1 fitter, 1 fitter's labourer.

Public Health Inspector's Staff:

Chief Public Health Inspector:

R. V. ROBINSON, M.A.P.H.I.

Deputy Chief Public Health Inspector:

J. SMITH.

4 Senior Public Health Inspectors:

J. McVAY.

J. R. WILSON.

S. TEASDALE.

(left 10.5.63)

P. MOSS

R. COPELAND.

(commenced 2.12.63)

5 Inspectors, 3 Pupil Inspectors, 2 Rodent Operators.

Borough Analyst:

W. GORDON-CAREY, F.R.I.C.

(part-time)

General Administration and Clerical Staff :

Chief Clerk:

J. HILTON, M.R.S.H.

Senior Administrative Clerk:

W. JOHNSON.

Finance Officer:

L. SNAPE.

18 Clerks, 3 Typists.

To the Chairman and Members of the Public Health and Health Services Committee.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1963 on the Health of the Borough and the work of the Public Health Department.

The so called indices of health, the vital statistics for the area are detailed on page 18 and it is perhaps as well to remember at the outset that in the absence of any accurate statistics about the incidence of illness generally in the community, figures for mortality for instance are at best of a negative value. On the other hand a series of such figures for a number of years is useful in the detection of trends.

The live birth rate for this area continues on a level plane (1961 18·4, 1962 18·4, 1963 18·4), but the proportion of illegitimate births of the total live births persists in a rising trend and the actual figures are as follows :—

1961—105 (5·17%). 1962—127 (6·3%) 1963—131(6·5%).

This is a matter of some concern, not only because of the social problems but more especially because of the higher infant mortality rate which was two and a half times as great as the legitimate infant mortality rate, in 1963.

However the overall infant mortality rate in 1963, namely 16·4, was the lowest ever recorded in the town and is significantly better than the provisional national figure for 1963 which was 21·1. The rate for South Shields in 1962 was 22·4. Although one would expect the rate for 1964 to revert to a higher level due to normal fluctuation, the attainment in a single year of such a favourable result would have been regarded as almost impossible even ten years ago. Perhaps it is now justifiable to speculate with regard to the position in 1973 and even to have hopes that the figure will come down to a level of say, 12 with indications of further reductions still to come.

There has also been some improvement in the still birth rate which fell from 22·4 in 1962 to 20·5 in 1963 whilst the perinatal mortality was 30·3 in 1963 compared with 36·4 in the previous year. There is no doubt that these indices reflect the development and flexibility of all the services concerned (e.g. the maintenance of adequate

ante-natal care and the constant effort to secure high standards of midwifery and paediatric care) coupled with improvement in living conditions.

The general death rate for the town was slightly less (1963—11·7, 1962—12·0) and analysis of the causes revealed that the proportion of deaths due to coronary disease and to angina remained as one of the largest single causes. Whilst the total number of coronary deaths in 1962 was 225, the figure for 1963 was 228 (138 males and 90 females) and 25% of the total affected were persons in the age group 35 to 50 years.

Although the townspeople may not particularly wish to be reminded of the typhoid outbreak in 1963 a detailed account of this event appears on page 103 of the report and it is perhaps not too late to acknowledge the help and assistance received by the town from many individuals and agencies too numerous to mention in detail. However I would refer especially to the great assistance given by the Public Health Laboratories in Newcastle and Sunderland, the area hospital laboratory in South Shields as well as the co-operation received from the proprietors and staffs of various shops and other food establishments and of one in particular. The importance of speedy dissemination of information at such a time is vital and the services of press, radio and television are gratefully acknowledged. I must also mention the magnificent efforts of my staff, all of whom rose to the situation in the best tradition. Such was the extent of control effected that of an estimated total of 2,500 persons considered to be at risk, only 24 persons developed the illness and there was little or no spread within the community.

The outbreak had the effect of reminding the public of the importance of food hygiene—a lesson I trust which will never be forgotten. The problem however of poor standards still remains and so long as health and hygiene aspects continue to have, on the whole, a rather low priority in the commercial field, so will the attainment of overall satisfactory standards of food hygiene be postponed.

The actual additional cost to the Local Authority of controlling the outbreak amounted to £720 or £30 per confirmed case. The economic loss to the town due to the more general effect, for example cancellation of bookings etc., has not been calculated.

Looking back over the year one can see a number of interesting developments of the Department's services and some reference to

these is appropriate. In the field of Maternity and Child Welfare arrangements were instituted to give additional supervision to babies born who were considered to be at risk of developing significant conditions which may cause the child to be handicapped in later life. The principle of compiling a special register of such babies has already been applied in the case of the ascertainment of deafness and the extension of this to all other defects is a natural development. The successful working of the scheme depends on the close co-operation of doctors and midwives who pass the necessary information to the Department. This assistance has been given and is gratefully acknowledged. In connection with the care of aged persons the Night Attendance Scheme was reviewed so that we now have a small panel of suitable persons who can be called on to provide such service. Health Education activities continued unabated and these are detailed on page 79. A special event was a 10-day visit of the Ministry of Health Mobile Unit on Smoking and Health and the impact of this short campaign in the schools was quite resounding but unfortunately it was not long before the effect died away. The problem is now to seek some means of holding interest which does not take up too much staff time and the formation of non-smoking clubs amongst the school children will be considered. Health Education is now becoming such an extensive and more demanding activity that there is emerging a clear case for the appointment of an officer (on a whole-time basis) to promote and organise this work.

Expansion within the Mental Health Service comprised an increase of the staff of Mental Welfare Officers, and arrangements whereby they attended psychiatric out-patients sessions at the General Hospital. A decision was taken to provide two residential hostels for adult males and females respectively and to extend the Training Centre facilities at Cleadon by converting an additional cottage to provide a special care unit and more accommodation for the adult groups. It is now clear that in considering facilities for the adult groups the policy for the future must embrace the elements of training for industry, socialisation and further education.

One of the most significant innovations during the year was the pilot scheme for attachment of health visitors to general practitioners. This was commenced in May and details are given on page 62. Whilst it appears that there is much controversy generally concerning

schemes of this nature, particularly as regards the ability of the Health Visitor to reconcile her previous activity in a compact district with the problem of covering families living in a much more scattered area, possibly over the whole urban community, one cannot ignore the clear and long-standing need for the health visitor to work more closely with the family doctor for the benefit of the patient. There are of course other ways in which the two can co-operate e.g. by the general practitioner working in Local Authority Clinics and Health Centres but even although many years have elapsed since these ideas were first mentioned there is no doubt that the climate for experiment is now a good deal more favourable.

From reading the description of the liaison arrangements set out on page 83 it will be appreciated that the Department does not operate in isolation. Over the past years a considerable number of liaison and other mechanisms of co-operation have developed with the other branches of the National Health Service. In 1963 some additional links were established with the hospital consultant services and the regular personal contact in specially arranged meetings have been useful and encouraging. There is still much scope for further development towards integration.

As so often happens to proposals for public health projects in a democracy, two important measures have been delayed due to national controversies and other difficulties. The first is that of fluoridation of the water supply and whilst the South Shields Authority in 1963 did approve of this in principle (following issue of the the Ministry of Health Circular 12/63) and discussions were held with the neighbouring authorities who are also supplied by the Sunderland and South Shields Water Company, the scheme is still "under discussion". Until all the Authorities concerned have signified their approval, it is not possible to submit an official proposal to the Water Company.

A story of equal disappointment is apparent in connection with proposals for smoke control zones in South Shields. In the earlier part of the year the Council agreed to proceed with their first smoke control area but by the time the data was collected by the Chief Public Health Inspector and his staff it was announced by the Ministry of Housing and Local Government that supplies of the appropriate solid smokeless fuel would not be available for any new areas. This first area was then re-surveyed on the basis that

only smokeless fuel other than gas coke would be available and the much higher cost entailed is not likely to encourage the Council under the present circumstances to set out a target programme for the whole town as requested by the Ministry. Nevertheless there is a glimmer of hope for chest sufferers in South Shields in so far as the Council are adopting smokeless systems and appliances in all the new housing schemes, a field in which they have already set a pattern for other local authorities to follow.

Immunisation and vaccination figures for 1963 were moderately satisfactory. Acceptance of smallpox vaccination in the case of infants (based on the number of births in the previous year) was 34% in 1963 as compared with 34.4% in 1962. As the recommended time for smallpox vaccination was changed to the child's second year of life and this was gradually implemented in 1963, the figure quoted is not perhaps a true reflection of the position. In the case of diphtheria protection of infants, the acceptance rate was 65% which is the same as the national rate, whilst the local rate for whooping cough was 65% as against 64% for the country generally. In the case of poliomyelitis protection which is now given by mouth, it was disappointing to note that only 48% of babies were protected compared with the national rate of 53%. The reason for this could be that some local mothers have forgotten that this vaccination is given orally with syrup or a sugar lump. In any case I wish to remind parents again of the importance of all of these immunisation schemes and their ready availability from Child Welfare Clinics or the family doctor.

It is a pleasure to recall the visit of Sir Bruce Fraser, Permanent Secretary to the Ministry of Health to the town on 31st October, when he inspected several establishments in both the Health and Welfare Departments. His willingness to discuss our local problems with members and officials of the Council was much appreciated.

Staff changes were fairly numerous and I would refer in particular to the retiral in September of Dr. Anne K. Wattie after 25 years of service and also of Nurse M. Sherry who served as a health visitor for 29 years. Both ladies have made distinguished contributions in the Maternity and Child Welfare sphere and we extend to them our best wishes. Dr. Valerie Calder resigned in December and Dr. P.A.Y. Narayanan in August, the latter to take up the post of Medical Officer of Health to a combined district in Durham County,

whilst Dr. G. Fiddler of the Child Guidance Clinic emigrated to Australia. New appointments included Dr. Ann Carter who commenced duties in November and Dr. Margaret Sherratt at the end of the year. In welcoming these doctors to the full-time clinical staff of the Department I would extend similar sentiments to Dr. M. D. Cashman, Consultant Psychiatrist whose work is closely associated with the Department and also to Mr. R. E. Jowett who inaugurated consultant audiology sessions in the Municipal Clinic.

In conclusion it is with pleasure that I record my thanks to the members of the Committees for their support and encouragement in a year notable for its events as affecting the Department and in a year not free from some personal tribulation. I extend my thanks also to the chief officials and staffs of other Corporation Departments, to my colleagues and other staffs in hospital and general practice for working in such close harmony with us. I acknowledge with gratitude the excellent work of the members of my own staff and I would thank in particular Dr. A. R. Buchan for his invaluable help in compiling various sections of this report.

I. D. LEITCH,

Medical Officer of Health.

*Public Health Department,
Stanhope Parade,
South Shields.*

COUNTY BOROUGH OF SOUTH SHIELDS

Part I

General Data and Vital Statistics

Area and Population.

Natural, Social and Economic Conditions.

Vital Statistics.

Mothers and Infants.

Births.

Deaths.

Area and Population.

Area of Borough	...	...	...	...	4,877 acres
Including inland water but excluding foreshore and tidal water—301 acres.					
Population					
Census 1961...	...	...	...	...	109,533
Estimated Mid-1963	...	...	...	...	109,080
Density (persons per acre)	...	...	...	...	22.4
Inhabited Houses	...	...	...	...	36,604
Rateable Value	...	...	...	...	£2,992,069
Product of 1d. Rate (estimated)	...	...	...	...	£12,067

Natural, Social and Economic Conditions.

Meteorology.

The weather was exceptionally severe in the first three months of the year and the snowfalls and frost experienced were the worst since 1947. August was noteworthy for its high rainfall amounting to five and a quarter inches.

Full details are summarised on page 34.

Water Supply.

Details of the town's water supply are included in the Chief Public Health Inspector's Report. (see page 122).

Industries and Unemployment.

The principal industries in the borough are shipbuilding, ship-repairing, coal mining and export. Light industries (electrical and engineering fittings, tailoring, gowns, lingerie, biscuits and cigarette filter tips have now been established for some years and these, in contrast to the heavy industries provide employment for many women.

The high rate of unemployment at the end of 1962, largely due to the decline in the heavy basic industries particularly the world recession in ship building, continued into 1963. The severe weather conditions in the first quarter were an additional factor and in fact

the unemployment figures were the worst recorded since the end of the second world war. In particular, difficulty was experienced in placing 'school leavers' and young adults. As a result of this situation the Council set up a Special Committee to consider the problem of juvenile unemployment and the possibility of increasing the number of junior and similar posts in the various Departments of the Corporation.

Fortunately by the end of the year there was a general improvement and indications that it would continue into 1964.

I am indebted to the manager of the Employment Exchange for the latest information available relating to unemployment which is summarised below.

The average numbers on the live registers taken from the monthly returns, were as follows :—

	1959	1960	1961	1962	1963
Men (age 18-64)	2,228	1,896	1,425	1,865	2,267
Boys (age 15-17)	90	84	73	123	148
Women (age 18-24) ...	386	425	354	404	444
Girls (age 15-17)	24	29	29	60	104
	<u>2,728</u>	<u>2,434</u>	<u>1,881</u>	<u>2,452</u>	<u>2,963</u>

Of the different groups the percentage of unemployment was as follows :—

	1959	1960	1961	1962	1963
Men	7·8	7·6	4·9	8·5	10·0
Boys	10·2	8·3	7·0	9·1	10·2
Women.....	3·6	4·0	3·4	3·6	3·9
Girls	1·4	1·6	1·6	4·4	5·4
Total Average	<u>7·7</u>	<u>6·7</u>	<u>5·5</u>	<u>7·1</u>	<u>8·8</u>

The maximum and minimum number of persons unemployed during each year were :—

	1959	1960	1961	1962	1963
<i>Maximum</i>					
Men	3,042	2,757	1,721	2,703	3,235
Boys	157	152	150	200	235
Women.....	450	524	407	479	525
Girls	51	47	42	97	153
<i>Minimum.</i>					
Men	1,861	1,288	963	1,343	1,415
Boys	55	41	24	60	106
Women	319	335	309	329	361
Girls	13	15	17	36	66

Vital Statistics.

Mothers and Infants.

Vital statistics relating to mothers and infants in accordance with the provisions of Ministry of Health Circular 1/63.

Live Births

Number	...	...	...	...	...	...	2,007
Rate per 1,000 population	...	...	...	...	...	...	18.4
Illegitimate live births (per cent of total live births)...	...	...	...	...	...	...	6.5%

Stillbirths:

Number	...	...	...	...	...	...	42
Rate per 1,000 total live and still births	...	...	...	...	...	...	20.5
Total live and still births	...	...	...	...	...	...	2,049
Infant deaths (deaths under one year)	...	...	...	...	...	...	33

Infant Mortality Rates:

Total infant deaths per 1,000 total live births...	...	...	...	...	...	...	16.4
Legitimate infant deaths per 1,000 legitimate live births...	...	...	...	...	...	...	14.9
Illegitimate infant deaths per 1,000 illegitimate live births...	...	...	...	...	...	...	38.5
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	...	...	...	...	...	...	10.46
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	...	...	...	...	...	...	9.97
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births	...	...	...	...	...	...	30.3

Maternal mortality (including abortion)

Number of deaths	...	...	...	...	...	...	Nil
Rate per 1,000 total live and still births	...	...	...	...	...	...	Nil

Births.

There were 2,007 live births recorded comprising 1,026 males and 981 females during the year equivalent to a crude rate of 18.4 per 1,000 population which shows no change from 1962.

Stillbirths.

The number of stillbirths recorded was 42 (23 male and 19 female) representing a rate of 20.5, slightly lower than the 1962 rate of 22.4.

Illegitimate Births.

There were 130 (61 male, 69 female) illegitimate live births, a rate of 6.5% of the total live births. This percentage has been exceeded only once and that was in 1945 when the rate was 6.7 per cent of the total live births. See page 48.

Area Comparability Factor.

This factor (A.C.F.) is supplied by the Registrar-General and when multiplied by the crude birth rate provides the adjusted birth rate for local differences in the structure of the population by sex and age from that of England and Wales as a whole. The adjusted birth rate is therefore comparable to similarly adjusted birth rates for other authorities. The Registrar-General also supplies an A.C.F. for the similar adjustment of the crude death rate.

The A.C.F. for South Shields was 0.98 and this when multiplied with the crude birth rate of 18.4 per 1,000 population gave an adjusted birth rate of 18.03.

Table 1 on page 20 compares the birth rate for South Shields with the national rate and those of neighbouring authorities.

Excess of Births over Deaths.

The natural increase of population was 630 as compared with 695 in 1962 and an average of 757 for the previous decade.

Deaths.

There were 1,377 deaths (730 males, 647 females) registered during the year among South Shields residents equivalent to a crude death rate of 12.62 per 1,000 population as compared with a rate of 12.0 for 1962. The figure includes 82 residents who died away from South Shields but excludes 205 non-residents who died mainly in hospitals in South Shields.

Area Comparability Factor:

The A.C.F. for South Shields was 1.18 and this when multiplied with the crude death rate of 12.62 per 1,000 population gave an adjusted rate of 14.89.

The table 1 on page 26 compares the 1963 birth, death, etc. rates for South Shields with the national rates and those of neighbouring authorities:—

TABLE 1.

Authority	Population	Birth Rate		Death Rate		Stillbirth Rate	Infant Mortality	Neonatal Mortality
		Crude	Adjusted	Crude	Adjusted			
England and Wales	47,023,000	18.2 (provisional)		12.2 (provisional)		17.2 (provisional)	21.1 (provisional)	14.2 (provisional)
South Shields C.B.	109,080	18.40	18.03	12.62	14.89	20.5	16.4	10.46
Gateshead C.B.	102,560	19.54	18.95	12.38	14.73	16.19	21.94	15.96
Newcastle C.B.	263,360	17.85	17.85	12.96	14.38	23.07	22.34	17.02
Tynemouth C.B.	71,910	19.73	19.34	12.26	14.22	16.91	29.39	18.64
Sunderland C.B.	190,510	19.92	18.72	11.04	13.8	17.85	25.29	18.7
Durham County	969,580	18.2	17.8	11.6	14.00	19.1	22.45	15.0
Northumberland County	491,200	17.13	17.30	12.52	13.52	18.54	20.79	14.38

Causes of Death.

The chief causes of death during 1963 are given below with the International Classification List numbers in brackets.

Cause.	Number of deaths	% Contribution 1962	% Contribution 1963
Arteriosclerotic and Heart Diseases (420-422).....	402	32.9	29.2
Cancer (210-239)	264	18.0	19.2
Cerebral Haemorrhage, apoplexy, etc. (330-334)	251	14.5	18.2
Pneumonia (436)	77	6.2	5.6
Bronchitis (500-502)	92	5.8	6.7
Accidents, suicides and violence (E810-E999)	56	6.0	4.1

The above group accounted for 1,142 or 82.9 per cent of the total deaths as compared with 1,091 or 83.3 per cent in 1962.

Table 2 on pages 25 and 26, gives the causes of death by age group and sex as supplied by the Registrar-General.

Deaths from Cancer.

There were 264 deaths (143 males, 121 females) from all forms of cancer during 1963 as compared with 236 in 1962. This accounted for 19.2 per cent of the total deaths in the Borough. The cancer death rate was 2.42 per 1,000 population as against 2.18 for England and Wales. Nearly one half (125) of the 264 deaths occurred in hospitals.

The tables on pages 31 and 32 gives the incidence of deaths from cancer by site, age and sex.

As in 1962 and other recent years the highest contribution is cancer of the lung and bronchus followed by, in descending order, cancer of the stomach, cancer of the breast (which has moved up one place), cancer of the bowel and pancreas.

Since the report of the Royal College of Physicians in 1962 the evidence all over the world implicating smoking and particularly cigarette smoking, as a causative factor, continues to increase. It is hoped that the publication of the report on "Smoking and Health" by the American Public Health Service will direct further attention to this hazard to health.

The distribution percentage of total deaths and percentage of deaths 35 years and over for the past 20 years are given in Table 6 on page 31.

Deaths from Heart and Circulatory Diseases.

This group is the most common cause of death in our community accounting for almost a third of the total deaths in the Borough. About one sixth (16·6%) of this group were due to coronary disease and angina, (a disorder which consists of obstruction or narrowing of the blood vessels to the heart muscle). Because of changes in diagnostic skills revision of nomenclature and the change in the age structure of the population, it is difficult to be certain of the precise incidence of coronary heart disease but there is no doubt that it is increasing, particularly in the younger male group.

In the past 20 years the number of deaths from this cause have increased five fold, i.e. from 48 deaths in 1943, 135 deaths in 1953 to 228 deaths in 1963. A further disturbing feature is the increase in the number of deaths of males in the younger age groups.

Vascular lesions of the nervous system are also increasing and accounted for 251 deaths, (137 females, 114 males), i.e. 18·2 per cent of the total deaths. It will be seen on Table 2, page 25, that the predominance of female mortality increased with age. As the population ages, (an estimated ratio of one in five of the population will be over 65 by 1977) deaths from this cause are likely to continue to increase.

Infant Mortality.

The number of deaths of children under one year of age during 1963 was 33 (23 males, 10 females) representing an infant mortality rate of 16·4 per 1,000 live births as compared with a rate of 20·9 for England and Wales. This is the lowest infant mortality rate ever recorded in South Shields—see column 11, Table 4, page 29.

Illegitimate Infant Mortality.

Of the 130 illegitimate live births, five died before completing their first year of life.

Causes of death.

The principle causes of death of infants under one year during 1963 were birth injuries, post-natal asphyxia and atelectasis (24·2%) prematurity (21·2%) and congenital malformations (21·2%). Further details are given in the table on page 33.

Neo-natal Mortality.

The number of deaths among live-born infants under four weeks of age was 21. This corresponds to a neo-natal mortality rate of 10·46 compared with 14·91 in 1962. Of these, 20 deaths were in the first week of life. It will be seen therefore, that of the total deaths under one year of age almost two thirds (63·6%) occurred in the early neo-natal period.

Perinatal Mortality.

Although the mortality of infants after the first week has shown great improvement over recent years as seen in the following table, the loss of infant life taking place before, during and soon after birth has not shown any marked reduction. The fact that an infant death occurs as a stillbirth or as a death in the first week is often a matter of chance and for this reason the term perinatal mortality has come into use in recent years to describe the combination of stillbirths with early neonatal deaths. The perinatal mortality rate for 1963 was 30·3 per 1,000 total births, which is also the lowest figure recorded in South Shields.

PERINATAL MORTALITY

Year	Number of Stillbirths	Deaths of infants during first week of life	Perinatal mortality rates	Deaths of infants-between one week and twelve months
1953	40	30	34·4	29
1954	36	32	32·7	33
1955	60	42	50·5	24
1956	50	24	37·3	18
1957	59	28	40·0	21
1958	38	33	33·8	16
1959	55	28	37·4	24
1960	57	29	38·9	12
1961	49	32	38·8	20
1962	46	29	62·6	16
1963	42	20	30·3	13

Maternal Mortality.

For the second successive year there were no deaths from conditions associated with pregnancy, childbirth or abortion.

Coroner's Inquests.

I am indebted to the Coroner, Mr. A. Henderson for the following information:—

Some 222 deaths were notified during 1963 to the Coroner's Office. Of these 53 inquests were held, 77 certified on the Coroner's Form A on doctors' opinion and 92 post-mortems were carried out.

The inquests were held for the reasons set out below:—

Accidental deaths 29.

Consisting of accidents at home, at work or on the roads.

Suicide 9.

Overdose of drugs 1.

Coal gas poisoning 6.

Self-hanging 2.

Miscellaneous 3.

Industrial disease 2.

Natural causes 1.

Misadventure 7.

Carbon monoxide poisoning from gas cooker 2.

Overdose of barbiturates 2.

Asphyxia—inhalation of vomitus 1.

Ingestion of hair insecticide 1.

Cor pulmonale accelerated by coal gas poisoning 1.

Cremations.

During 1963, 785 cremations were carried out at the Corporation Crematorium as follows:—

558 of South Shields residents.

101 of Jarrow residents.

70 of Hebburn residents.

42 of Boldon residents.

14 of residents of other areas.

In addition, 24 South Shields residents were cremated at Sunderland Crematorium and 7 at Newcastle Crematorium. This is a total of 590 South Shields residents, equivalent to 43 per cent of total deaths.

Deaths in Hospital and other institutions.

Some 660 deaths or 48 per cent of the total occurred in institutions, exclusive of 205 deaths among non-residents of the Borough. These are detailed in Table 3 on page 28.

CAUSES OF DEATH by age and Sex for 1963 (as supplied by the Registrar-General)

TABLE 2.

Causes of Death	Sex	All Ages	Age Groups									
			Under 1 Yr.	1—	5—	15—	25—	35—	45—	55—	65—	75+
1. Tuberculosis, Respiratory	M.	2	—	—	—	—	—	—	—	1	—	—
2. Tuberculosis, other	F.	1	—	—	—	—	—	—	—	1	—	—
3. Syphilitic disease	M.	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria.....	F.	1	—	—	—	—	—	—	—	1	—	—
5. Whooping Cough	M.	2	—	—	—	—	—	—	—	2	—	—
6. Meningococcal infections	F.	2	—	—	—	—	—	—	—	1	—	—
7. Acute Poliomyelitis	M.	—	—	—	—	—	—	—	—	—	—	—
8. Measles	F.	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	M.	—	—	—	—	—	—	—	—	—	—	—
10. Malignant neoplasm, stomach	F.	2	—	1	—	—	—	—	—	—	—	1
11. Malignant neoplasm, lung, bronchus	M.	26	—	—	—	—	—	1	2	11	8	4
12. Malignant neoplasm, breast	F.	18	—	—	—	—	—	—	1	4	7	5
13. Malignant neoplasm, uterus.....	M.	57	—	—	—	—	—	1	9	19	21	6
	F.	12	—	—	—	—	—	1	4	4	2	1
	F.	20	—	—	—	—	—	—	2	7	5	6
	F.	12	—	—	—	—	—	—	—	—	—	—
	F.	12	—	—	—	—	—	2	1	4	2	3

TABLE—2—continued.

Causes of Death	Sex	All Ages	Age Groups									
			Under 1 Yr.	1—	5—	15—	25—	35—	45—	55—	65—	75+
27. Gastritis, enteritis and diarrhoea	M.	1	1	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—
28. Nephritis and nephrosis	M.	5	—	—	—	—	—	1	—	2	—	2
	F.	2	—	—	—	—	—	2	—	—	—	—
29. Hyperplasia of prostate	M.	10	—	—	—	—	—	—	—	—	2	8
30. Pregnancy, childbirth, abortion	F.	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	M.	7	5	1	—	1	—	—	—	—	—	—
	F.	9	2	2	1	2	1	3	—	1	—	—
32. Other defined and ill-defined diseases	M.	43	14	—	—	1	1	—	2	4	7	11
	F.	46	6	—	—	—	—	—	5	5	9	20
33. Motor vehicle accidents	M.	9	—	—	2	2	—	—	—	1	2	2
	F.	3	—	—	—	—	—	—	1	1	—	1
34. All other accidents.....	M.	25	5	1	—	—	2	3	3	5	1	5
	F.	8	—	—	—	—	1	—	—	1	2	4
35. Suicide	M.	7	—	—	—	—	—	—	—	2	3	2
	F.	4	—	—	—	—	—	2	—	1	1	—
36. Homicide and operations of war.....	M.	1	—	—	—	—	—	—	—	—	—	—
All Causes	M.	730	28	7	2	5	6	25	49	165	201	242
	F.	647	11	1	3	5	10	12	37	87	159	322

TABLE 3—Deaths during 1963 in Institutions and Transferable Deaths.

INSTITUTIONS	Deaths in Institutions in the Borough		Deaths of South Shields Residents in Institutions outside of the Borough	Transferable Deaths	
	Residents	Non-Residents		Residents	Non-Residents
General Hospital.....	422	149	—	—	149
Ingham Infirmary	132	33	—	—	33
Deans Hospital	23	11	—	—	11
Cleadon Park Sanatorium	1	8	—	—	8
Primrose Hill Hospital, Jarrow	—	—	10	10	—
General Hospital, Newcastle.....	—	—	9	9	—
Shotley Bridge Hospital	—	—	1	1	—
Palmer Memorial Hospital, Jarrow	—	—	3	3	—
R.V.I., Newcastle	—	—	7	7	—
Queen Elizabeth Hospital, Gateshead	—	—	4	4	—
Other Hospitals	—	—	27	27	—
Private Addresses	—	—	9	9	—
Other Places	—	4	12	12	4
Total	578	205	82	82	205

**TABLE 4—POPULATION, BIRTHS AND DEATHS
FOR SOUTH SHIELDS DURING 1963 AND PREVIOUS YEARS**

Year	Popula- tion esti- mated to middle of each year	Live Births			Total deaths registered in the Borough		Transfer- able Deaths		Net deaths belonging to the Borough			
		Uncor- rected Num- ber	Net		Num- ber	Rate	Of Non-Residents Registered in the Borough	Of Residents not Registered in the Borough	Under 1 year of age		At all ages	
			Num- ber	Rate					Num- ber	Rate per 1,000 Net Births	Num- ber	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1908	106,448	3,481		32·7	1,598	15·0			463	133		
1909	107,244	3,388		31·6	1,597	14·9			468	138		
1910	108,045	3,404		31·5	1,457	13·4			377	111		
1911	108,844	3,279	3,300	30·3	1,687	15·5	13	216	484	147	1,800	17·4
1912	109,678	3,322	3,352	30·6	1,550	14·1	18	220	356	106	1,752	16·0
1913	110,513	3,478	3,495	31·1	1,803	16·1	21	229	408	117	2,011	17·9
1914	110,604	3,503	3,517	31·8	1,753	15·9	15	217	482	137	1,955	17·7
1915	109,855	3,265	3,275	29·6	18,71	17·0	28	287	468	143	2,130	19·4
1916	109,332	3,091	3,093	26·0	1,649	14·9	44	257	369	119	1,862	17·0
1917	106,500	2,699	2,714	22·8	1,750	16·4	33	271	362	133	1,988	18·7
1918	105,659	2,979	3,005	25·4	2,122	20·1	41	313	359	118	2,394	22·7
1919	111,502	3,104	3,130	26·9	1,687	15·1	37	242	370	118	1,892	17·0
1920	115,945	3,922	3,966	34·2	1,738	15·0	26	288	479	121	2,000	17·2
1921	118,400	3,464	3,507	29·6	1,541	13·0	12	272	335	96	1,801	15·2
1922	122,400	3,287	3,257	26·6	1,738	14·2	109	56	307	94	1,685	13·8
1923	124,500	3,152	3,144	25·3	1,766	14·2	110	58	297	94	1,714	13·8
1924	126,600	3,087	3,071	24·3	1,910	15·1	149	70	313	102	1,831	14·5
1925	124,600	2,997	2,976	23·9	1,867	14·9	153	56	340	114	1,770	14·2
1926	123,900	2,786	2,774	22·4	1,656	13·4	159	51	241	87	1,548	12·5
1927	123,400	2,470	2,449	19·8	1,725	14·0	164	79	225	92	1,640	13·3
1928	121,800	2,500	2,468	20·3	1,766	14·5	141	74	226	92	1,699	13·9
1929	119,600	2,370	2,355	19·7	1,925	16·1	174	69	288	122	1,820	15·2
1930	116,500	2,411	2,396	20·6	1,602	13·8	133	78	221	92	1,547	13·3
1931	114,200	2,377	2,362	20·7	1,868	16·4	157	75	272	115	1,786	15·6
1932	114,000	2,168	2,168	19·0	1,632	14·3	168	63	152	70	1,527	13·4
1933	114,100	1,961	1,963	17·2	1,679	14·7	185	64	182	93	1,558	13·7
1934	112,750	2,059	2,013	17·9	1,617	14·3	180	51	168	83	1,488	13·2
1935	112,000	1,969	1,930	17·2	1,545	13·8	196	60	154	80	1,409	12·6
1936	111,350	1,924	1,878	16·9	1,607	14·4	189	49	163	87	1,467	13·2
1937	111,000	1,903	1,831	16·5	1,664	15·0	217	38	147	80	1,485	13·4
1938	110,400	2,007	1,897	17·2	1,645	14·9	172	47	124	65	1,520	13·8
1939	106,900	1,883	1,834	16·7	1,594	14·9	224	58	120	66	1,428	13·4
1940	99,550	1,843	1,714	17·2	1,676	16·8	237	91	126	74	1,530	15·4
1941	92,910	1,732	1,597	17·2	1,793	19·3	229	109	146	91	1,673	18·0
1942	86,480	1,712	1,590	17·8	1,492	16·7	223	63	126	79	1,332	14·9
1943	86,130	1,822	1,696	19·7	1,622	18·8	221	68	127	75	1,459	16·9
1944	91,040	2,184	2,058	22·6	1,436	15·8	189	59	104	51	1,306	14·3
1945	93,680	2,008	1,882	20·1	1,482	15·8	195	64	131	70	1,351	14·4
1946	100,360	2,257	2,206	22·0	1,464	14·6	168	48	145	66	1,344	13·4
1947	101,780	2,434	2,441	24·0	1,458	14·3	147	53	118	48	1,364	13·4
1948	106,800	2,106	2,113	19·8	1,373	12·9	137	59	89	42	1,295	12·1
1949	108,360	2,120	2,127	19·6	1,479	13·6	141	64	97	46	1,402	12·9
1950	109,400	2,026	2,015	18·4	1,494	13·7	143	61	75	37	1,412	12·9
1951	† 106,670	1,897	1,933	18·1	1,413	13·2	128	78	76	39	1,363	12·8
1952	107,100	2,024	2,007	18·7	1,340	12·5	146	74	77	38	1,268	11·8
1953	107,300	1,996	1,995	18·6	1,301	12·1	142	67	59	30	1,226	11·4
1954	107,500	2,029	2,041	19·0	1,348	12·5	184	46	65	32	1,210	11·3
1955	107,800	1,960	1,955	18·1	1,322	12·3	168	82	66	34	1,236	11·5
1956	108,100	1,956	1,935	17·9	1,290	11·9	153	74	40	21	1,211	11·2
1957	108,300	2,074	2,114	19·5	1,356	12·5	169	88	49	23	1,275	11·8
1958	108,600	2,065	2,078	19·1	1,382	12·7	168	107	49	24	1,321	12·2
1959	108,700	2,167	2,177	20·0	1,259	11·6	153	84	52	24	1,190	10·9
1960	108,600	1,997	2,004	18·5	1,403	12·9	191	94	41	21	1,306	12·0
1961	109,350	2,096	2,013	18·4	1,373	12·6	166	115	52	26	1,322	12·1
1962	109,300	2,050	2,023	18·4	1,443	13·2	227	92	45	22	1,308	12·0
1963	109,080	1,939	2,007	18·4	1,500	13·8	205	82	33	16·4	1,377	12·6

NOTES.—(a) The Rates in Columns 5, 7 and 13 are calculated per 1,000 of the population.

(b) "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, died in a district other than that in which they resided.

† Modified estimate for calculation of rates, as Borough was extended on 1st April, 1951 (mid-year estimate for extended Borough (106,800).

TABLE 5.
COUNTY BOROUGH OF SOUTH SHIELDS—VITAL STATISTICS, 1871 — 1963

Year	Estimated Population	Birth Rate	General Death Rate	Infant Mortality Rate	Peri-Natal Mortality Rate	DEATH RATES FROM									
						Measles	Scarlet Fever	Diphtheria	Whooping Cough	Diarrhoea	Respiratory Tuberculosis	Tuberculosis of other organs	Other respiratory diseases	Cancer	Diseases of heart and circulation
Mean 1871-1880	50,580	43.1	25.5	164	*	.42	1.44	.12	.78	1.59	1.91	*	3.98	*	1.23
Mean 1881-1890	66,520	38.8	20.5	140	*	.34	.45	.10	.44	.78	1.84	*	3.55	*	1.64
Mean 1891-1900	87,022	36.1	20.1	166	*	.44	.22	.11	.46	.93	1.60	1.00	3.76	.63	1.72
Mean 1901-1910	104,186	33.9	18.0	140	81.1	.45	.17	.16	.47	.66	1.50	.71	2.94	.72	1.81
Mean 1911-1920	109,843	28.9	18.1	126	72.9	.38	.09	.09	.26	.61	1.53	.59	4.23	.90	1.75
Mean 1921-1930	122,170	23.2	14.0	99	59.4	.19	.03	.08	.19	.29	1.33	.44	2.84	1.09	1.87
Mean 1931-1940	110,635	17.7	13.7	81	65.7	.12	.03	.17	.08	.14	1.12	.34	1.95	1.44	3.17
Mean 1941-1950	97,994	20.1	14.3	60	44.3	.03	.00	.09	.03	.12	0.92	.17	1.78	1.92	3.81
Mean 1951-1960	107,867	18.8	11.7	28	39.4	.01	—	—	.00	.02	0.24	.12	1.43	2.24	3.27
1961.....	109,350	18.4	12.1	25.8	38.8	.01	—	—	—	.01	0.09	.01	1.40	2.44	3.76
1962.....	109,300	18.4	12.0	22.4	36.4	—	—	—	—	.01	0.15	.01	1.49	2.29	3.94
1963.....	109,080	18.4	12.6	16.4	30.3	—	—	—	—	.01	0.02	.01	1.68	2.42	4.17

*—not available.

TABLE 6—CANCER DEATHS, 1944 to 1963.

Situation	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Buccal cavity and pharynx	6	4	6	8	6	6	2	5	10	4	3	9	1	5	5	1	3	6	4	3
Digestive organs and peritoneum	110	127	112	115	106	107	100	112	98	100	94	100	105	121	110	117	110	106	110	106
Respiratory system	10	14	24	30	31	33	41	50	33	47	46	49	50	48	57	54	63	55	59	69
Breast and genito-urinary organs	56	41	34	48	52	42	51	45	65	54	45	66	49	57	61	64	70	52	38	54
Other and unspecified sites	14	10	8	4	16	10	8	13	14	17	13	15	20	11	9	16	7	14	17	18
*Lymphatic and haematopoietic tissues	8	4	3	3	8	11	8	8	15	4	6	6	13	6	15	16	14	16	8	14
Total	204	200	187	208	219	209	210	233	235	226	207	245	238	248	257	258	267	249	236	264
*Percentage of all deaths	15.6	14.8	13.9	15.2	16.9	14.9	14.9	17.1	18.5	18.4	17.1	20.0	19.6	19.5	19.5	21.7	20.5	18.8	18.0	19.2
*Percentage of deaths 35 and over	18.9	17.8	17.2	17.9	19.3	17.2	16.5	18.7	20.5	19.8	18.8	21.4	20.3	20.9	20.6	22.6	21.5	20.2	19.0	20.3

*Under the regulations of the World Health Organisation which came into force on the 1st January, 1950, the following diseases are now classified as Cancer: Hodgkin's disease, Lymphoma (reticulosis), Leukaemia and Aleukaemia and Mycosis Fungoides and these diseases have therefore been added to 1944/49 figures for comparison.

**TABLE 7—DEATHS FROM CANCER 1963 ANALYSED BY SITE
AFFECTED AND SEX.**

The following table shows the numbers of cancer deaths in South Shields in 1963 analysed according to sex and to the site affected.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
141. Tongue	—	1	1
146. Nasopharynx	1	—	1
148. Pharynx, unspecified	1	1	2
150. Oesophagus	6	—	6
151. Stomach	26	18	44
152. Small Intestine	1	1	2
153. Large Intestine, except rectum	8	10	18
154. Rectum	7	4	11
155. Biliary passage and liver (primary)	3	5	8
156. Liver (secondary and unspecified)	—	1	1
157. Pancreas	5	10	15
158. Peritoneum	—	1	1
161. Larynx.....	1	—	1
162. Trachea, and bronchus and lung (primary)	41	9	50
163. Lung and bronchus (unspecified)	16	3	19
170. Breast	—	20	20
171. Cervix uteri	—	8	8
172. Corpus uteri	—	2	2
174. Uterus, unspecified	—	2	2
175. Ovary, Fallopian tube, and broad ligament	—	6	6
176. Vagina or vulva	—	3	3
177. Prostate	4	—	4
180. Kidney	1	2	3
181. Bladder and other urinary organs	4	2	6
191. Skin	3	1	4
193. Brain and other parts of nervous system.....	2	—	2
196. Bone	2	1	3
199. Other and unspecified sites	3	4	7
201. Hodgkin's disease	1	—	1
203. Multiple myeloma.....	4	2	6
204. Leukaemia and aleukaemia	3	4	7
Total	143	121	264

TABLE 8—DEATHS DURING 1963 OF INFANTS UNDER ONE YEAR. CAUSES AND AGES.

Causes of Death		Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 4 Weeks	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 year	Males	Females
All causes: Certified		20	—	—	2	21	6	5	1	—	33	23	10
Uncertified		—	—	—	—	—	—	—	—	—	—	—	—
Code.													
475	Respiratory infection	—	—	—	—	—	—	1	—	—	1	—	1
491	Bronchopneumonia	—	—	—	—	—	1	2	1	—	4	2	2
571	Gastro-enteritis	—	—	—	—	—	1	—	—	—	1	1	—
751/9	Congenital malformations	4	—	—	1	5	1	1	—	—	7	4	3
760/2	Birth injury, etc.	8	—	—	—	8	—	—	—	—	8	6	2
763/9	Infections of the newborn	1	—	—	—	1	—	—	—	—	1	—	1
770/6	Immaturity	7	—	—	—	7	—	—	—	—	7	6	1
E921	Accidental asphyxia	—	—	—	—	—	3	1	—	—	4	4	—
Total		20	—	—	1	21	6	5	1	—	33	23	10

TABLE 9.
SUMMARY OF METEOROLOGICAL OBSERVATIONS, 1963, taken at 9.0 a.m. (G.M.T.) daily at the Bents Park
and Health Department, South Shields.

Month	Barometer (corrected for elevation, temperature, etc.)	Air Temperature °Fahr.				Hygrometer °Fahr.			Earth Temper- ature °Fahr.		Rainfall (in inches)				Wind																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Average		Absolute		Dry Bulb	Wet Bulb	Relative Humidity	At 1 Foot Depth	At 4 Feet Depth	Total Fall	No. of days rain fell .01" or more.	Most in a day		Direction at 9 a.m. Number of Days																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		Maximum	Minimum	Maximum	Minimum								Date	Date	Amount	Date	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
January	30.301	37.6	31.1	43.1	18.8	23	35.0	33.0	78	33.0	38.1	1.91	.40	4	4	3	10	5	...	2	7

Census, 1961.

The County of Durham 1961 Census Report has recently been published. Extracts of interest relating to the County Borough of South Shields are given below together with a table showing the population age distribution compared with the 1951 Census Report.

POPULATION AGE DISTRIBUTION OF SOUTH SHIELDS 1961 COMPARED WITH 1951

Age in years	1961			1951		
	Males	Females	Total	Males	Females	Total
0— 4	5,004	4,831	9,835	5,284	5,143	1,427
5— 9	4,662	4,373	9,035	4,118	4,019	8,137
10—14	4,925	4,820	9,745	3,947	3,757	7,704
15—19	3,713	3,819	7,532	3,260	3,899	7,159
20—24	3,066	3,353	6,419	3,278	4,147	7,425
25—34	6,735	7,096	13,831	7,791	8,351	16,322
35—44	7,585	7,833	15,418	6,981	7,435	14,416
45—54	6,709	6,896	13,605	6,623	7,459	14,082
55—64	5,677	6,680	12,357	4,749	5,810	10,559
65—74	3,213	4,615	7,828	3,220	4,056	7,276
75—84	1,323	2,056	3,379	1,189	1,590	2,779
85—94	188	336	524	114	196	310
95 and over ...	5	8	13	1	1	2
	52,805	56,716	109,521	50,555	56,043	106,598

The overall increase in population since 1951 is 2,923 (2·7%) but it is interesting to note that the 65 and over population has increased by 1,377 (13·38%) since 1951, almost half of the total increase in the population. In fact, the number of persons over 65 numbered 11,744 or 10·7% of the total population in 1961.

The number of persons over pensionable age i.e. over 65 years in the case of males and over 60 years in the case of females numbered 14,829 or 13·5% of the total population in 1961.

The number of females continues to exceed the total number of males in the population but whereas in 1951 females exceeded males by 5,488 (10·7%), in 1961 it was 3,911 (7·4%).

The growth in population of South Shields since 1801 is given in the following table of Census years:—

Census	Population	Census	Population
1801	11,171	1881	56,875
1811	15,165	1891	78,391
1821	16,738	1901	100,858
1831	18,978	1911	108,647
1841	22,907	1921	118,560
1851	28,293	1931	113,185
1861	35,239	1951	106,598
1871	45,336	1961	109,521

It is also interesting to note the following details of the household amenities in South Shields.

Of the total 36,465 households, 1,175 households had no cold water tap (3·3%) and 474 were sharing a cold water tap (1·3%). 11,074 had no hot water tap (31%) and 169 were sharing a hot water tap (0·5%). 12,817 had no fixed bath (35·9%), 233 were sharing a fixed bath (0·7%). 2,434 had no water closet (6·8%) and 4,746 were sharing a water closet (13·3%).

Part II

Services under the National Health Service Act 1946

**The Development of the Local Health Authority Services
over the next ten years.**

Care of Mothers and Young Children.

Midwifery.

Health Visiting.

Home Nursing.

Vaccination and Immunisation.

Ambulance Service.

Prevention, Care and After-Care.

Home Help Service.

Mental Health Services.

THE DEVELOPMENT OF THE LOCAL HEALTH AUTHORITY SERVICES OVER THE NEXT TEN YEARS (1964-1974)

In accordance with the provisions of the Ministry of Health Circulars 2/62, 6/63 and 21/63 all the services within the scope of Part III of the National Health Services Act 1946 were reviewed and plans for their development and expansion for the decade 1st April, 1964 to 31st March, 1974 were prepared. This constitutes the first annual revision of the Ten Year Plan.

The main differences from the report of 1962 are set out in the following paragraphs:—

1. Maternity and Child Welfare Clinics.

The new clinic for Steward Crescent has been deferred from 1963/64 to 1964/65 so that application for loan sanction for both the Steward Crescent Clinic and that planned for the Northern Sector of the town would be anticipated in that year.

2. Health Visiting.

The staff figures have been adjusted to take into account time allocated for the School Health Services, so that by the end of the first five years the estimated requirements of health visitors and tuberculosis visitors in whole time equivalents would be 13·5 rising to 15 by the 31st March, 1974.

3. Ambulance Services.

Provision of additional vehicles and accommodation has been advanced from 1967/72 to the year 1965/66. The fleet will be expanded by 2 vehicles to a total of 12 and 4 additional garage bays will be required. It is hoped that this will meet the ever increasing mileage and number of patients carried each year and allow for adequate maintenance of the ambulances. In addition it is anticipated that a Deputy Superintendent and 4 additional drivers will be required by 1967.

In association with the above extension it is proposed to make provision of a chemical vapour disinfection centre which will be of similar dimensions to that of a single ambulance bay.

4. Mental Health Services.

(a) *Mental Welfare Officers.*

An additional officer is proposed for 1964 to cope with the unexpected rise in case-loads. The introduction of hostels will also add considerably to the responsibilities of the Mental Welfare Staff and it is anticipated that a further officer will be required by December 1965 by which time the present clerical assistant will have achieved the grade of Welfare Assistant.

(b) *Training Centres.*

As already mentioned in 1962 the conversion of cottages Nos. 9 and 10 at Oakleigh Gardens (which is included for 1963/64) will provide a new Special Care Unit of about 15 places on the ground floor for severely handicapped children. The first floor will provide accommodation for the adult female centre thus increasing the number of places by ten to thirty. At the same time accommodation will be released in the junior centre giving an additional ten places.

The new assembly hall with a seating capacity of 150 to 200 for the training centres is scheduled for 1968/69. It is intended to convert the existing assembly hall into a workshop for the adult centre, giving an additional 15 places.

Thus, by the end of the decade, the Training Centres should have 75 places for adults and 75 for juniors. The estimated requirements of staff in whole time equivalent for the larger centres will be 14 by the end of 1965 rising to 16 on the 31st March, 1974.

(c) *Hostels.*

Two hostels for mentally ill adults are scheduled for 1964/65 and 1965/66 and allowance is made for six staff by the end of the first five years.

A hostel for the aged, mentally infirm is planned for 1967/68 and a staff provision of 4 is made in the following years.

Two hostels for mentally subnormal adults are included in the second five year period, possibly new ad hoc buildings on a single site and staff provision is also made.

5. Chiropody.

A scheme for the provision of a chiropody service for the priority groups is programmed for 1964. One whole-time equivalent chiropodist is provided for by the end of the first five year period increasing to two chiropodists by 1974. The restricted nature of the scheme reflects the shortage of registered chiropodists in the area.

6. Cost.

The estimated revenue expenditure for operating all the Local Health Authority Services in the year 1963-64 is £337,925; the estimated costs based on the increased provisions mentioned and certain other developments for the year 1967/68 (end of first five years) would be £417,619 and for 1973/74 (end of second five years) would be £,469,231.

CARE OF MOTHERS AND YOUNG CHILDREN

Vital Statistics.

A summary of statistics for mothers and infants set out in the order laid down in the Ministry of Health Circular 1/64 is presented on page 18 of this report.

Ante Natal Clinics.

During 1963, 308 ante-natal sessions were held at four clinics namely the Municipal Clinic, St. Margaret's Church Hall, Steward Crescent Community Centre and Boldon Lane Health Centre. One evening session was held each week for the benefit of mothers who were working or who had large families and found it easier to attend when their husband had returned from work.

Requests for home helps at these sessions for mothers needing rest during pregnancy, e.g. in cases of toxæmia, heart conditions, etc. remained disappointingly low. (see page 89).

ATTENDANCES AT ANTE-NATAL AND POST-NATAL CLINICS

Year	Number of Sessions during year		Number of women who attended in year		Number of new cases attended in year		Total attendances in year	
	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.	Ante-natal.	Post-natal.
1961 ...	301	42	2,231	96	1,668	96	9,719	128
1962 ...	320	45	2,206	104	1,756	104	8,849	144
1963 ...	308	43	2,097	56	1,697	54	8,741	160

The appointment system for the convenience of mothers attending ante-natal clinics under the Local Health Authority which was introduced in 1962 is working satisfactorily.

Some general practitioners are now holding specific ante-natal sessions in their own surgeries and in such cases appointments are arranged to alternate with visits to Local Authority clinics.

Post-Natal Clinics.

A regular session for this purpose is held weekly at the Municipal Clinic. Attendances shown in the table above are poor especially with multiparae as most mothers apparently prefer to attend their family doctor for post-natal examinations.

Child Welfare Clinics.

Dr. J. Walmsley reports as follows:—

There were seven clinics in operation at the end of the year at which three morning and ten afternoon sessions were held each week. Three of the afternoon sessions were held at the Municipal Clinic and the remainder serve each area in the town. The Boldon Lane Health Centre which opened towards the end of 1962 and at which two child welfare sessions are held, soon became established. The attractive surroundings and excellent facilities encouraged many mothers to travel further distances and it is to be hoped that similar facilities planned to replace existing rented premises will not be long delayed. Other sessions were held at Steward Crescent Community Centre (2), Baring Street Church Hall (2), St. Margarets' Church Hall (2), Galsworthy Road Church Hall (1), Wenlock Road Church Hall (1).

During the year several general practitioners commenced or continued holding “well baby” clinics in their own surgeries.

The attendance at Child Welfare Clinics compares favourably with that of other years, although the very severe weather in the early part of the year had an adverse effect on attendances at some district clinics where heating provides a problem.

Although for many years the aim of our clinics has been to advise and help mothers, a limited quantity of medicaments was prescribed by the medical officers and dispensed at the clinics, free of charge. In February the Health Services Committee decided to stop this service almost entirely and the fact that there was no appreciable falling off in attendances showed that it is indeed for advice that mothers come to the clinics.

With the lowering of the average age of marriage, there has been a lowering of the age of first child bearing. These young mothers, like other groups of young people today, appear to seek more independence than those of former generations; they tend to look less to their own mothers for guidance and help, and perhaps more to clinics and health visitors. In many cases too, the mothers of these young mothers are working, and not available for help, as formerly.

ATTENDANCES OF CHILDREN AT CHILD WELFARE CENTRES.

Year	No. of sessions held	No. of children attended in year	No. of children attending		Total Attendances	
			Under 1 year	over 1 year*	Under 1 year	Over 1 year
1961	651	6,204	1,682	4,522	27,909	11,424
1962	654	6,999	1,866	5,133	28,113	11,679
1963	646	6,127	1,650	4,477	27,350	11,022

*These figures include children attending for pre-school medical examination.

Distribution of Welfare Foods.

Twenty-one sessions mainly in conjunction with child welfare clinics were devoted to the distribution of National dried milk for

infants and vitamin preparations for expectant and nursing mothers and children under 5 years of age.

The table below shows a slight increase in the sale of National dried milk, the first rise for some years. There was also a rise in the amount of orange juice distributed which is probably due to it being available for unlimited purchase. The sale of other vitamin preparations continues to drop and although the health visitors report that many mothers prefer to buy other vitamin supplements, it would seem unlikely that with present dietary standards, there was any chance of vitamin deficiency arising.

A small survey carried out by Dr. A. Carter and Dr. J. Walmsley into methods of infant feeding in two areas of the town, indicated that only one in five mothers attending Local Authority clinics during the past four years were recorded as breast feeding by the end of the first month. As might be expected from the decreasing sales, National dried milk is used by only half of the mothers not breast feeding.

Year	National (Dried Milk (tins)	Cod Liver Oil (bottles)	Vitamin A & D Tablets (packets)	Orange Juice (Bottles)	Virol (cartons)
1959	83,073	6,725	4,311	44,324	1,786
1960	78,916	6,681	4,231	52,532	1,476
1961	71,361	4,287	2,750	27,104	1,144
1962	65,873	2,236	1,582	14,191	1,004
1963	67,439	2,102	1,443	17,461	1,303

Proprietary brand foods are not available at the clinics.

Routine Medical Examination of Pre-School Children.

Since 1955 arrangements have been made to offer full medical examination of children between four and five years of age on a voluntary basis. Sessions are held regularly at all the child welfare centres and a special letter is sent to the parents on or about the child's fourth birthday giving choice of appointment as to place and time. The response has been very satisfactory as can be seen from the table below. Disabilities discovered then can very often be

corrected before the child reaches school age. One of these disabilities fairly frequently met with is defective speech, but with only one speech therapist to cover the whole field, very few four year old children, even those with marked defects, are helped at present. In addition to the examination where children can be assessed in regard to their approaching attendance at school, it is also convenient to arrange for the necessary primary and reinforcing immunisations. A large proportion of these four year olds were started in a course of tetanus immunisations as this was not available for them in infancy.

Year	No. of children offered examination	No. of children examined (%)	No. referred to general practitioners and hospital
1955	445	338 (73.3)	9
1956	713	608 (85.2)	15
1957	756	446 (67.6)	22
1958	662	647 (97.7)	10
1959	350	341 (97.4)	21
1960	1050	975 (92.8)	35
1961	1065	978 (91.8)	48
1962	1184	1043 (88.1)	53
1963	1440	1039 (72.1)	29

Priority Dental Service for Nursing and Expectant Mothers and Children under School Age.

Mr. A. B. Gibson, Principle Dental Officer, reports as follows:—

Sessions were held daily at both the Municipal Clinic and Boldon Lane Health Centre. The professional time involved amounted to about one quarter of a whole-time dental officer.

Details of the work undertaken during the year are as follows:—

A. Numbers provided with Dental Care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers...	45	45	45	38
Children under 5	169	162	162	162

B. Forms of Dental Treatment provided.

	Scaling and gum treatment	Fillings	Extractions	Dentures Full Partial	
Expectant and Nursing Mothers	29	27	120	18	12
Children under 5	16	7	248	1	—

The demand for dental treatment for both mothers and children has remained much the same as the previous year, with perhaps a slightly better response to offers of conservative treatment from mothers. Free treatment obtainable from the General Dental Service practitioner is the chief reason for the recent drop in demand.

Treatment of both these groups is complicated by a number of considerations. Mothers are of an age group where they are either having regular treatment from family dentists, or are not interested. The difficulties of getting them to attend for treatment (particularly fillings) are considerable. There is first their lack of interest to overcome, and during pregnancy with a home to run and possibly other children to look after it is understandable that they may be reluctant to attend for what may be several visits. The under fives present problems too. It is easy to say what the ideal treatment would be. Due account must be taken of other factors, e.g., Will the parent co-operate? Will the treatment be successful? Failure will make both parent and child sceptical in the future. Is the child of suitable temperament? To attempt treatment and fail, or to frighten these youngsters creates a fear of dental treatment. If there is any doubt it is wiser to leave well alone, regrettable though this may seem by taking a short term view.

It is hoped that a Dental Auxiliary may become available to devote some time to attending clinic sessions when mothers and children are seen, and thus be able to give appointments or advice without delay.

Pre-School Dental Inspection:

During the second half of the year, children attending the pre-school medical examination have been offered a dental inspection. Many of the children were found to have had regular dental inspection and treatment but about 30 per cent accepted the offer. It is hoped to encourage these children to continue attending during their school years. Meanwhile these inspections are proving of value, in that the children are becoming accustomed to having their teeth examined, seeing the equipment in the surgeries, sitting in the dental chair, etc., all of which will lessen their fear in future years when treatment becomes necessary.

Phenylketonuria.

The urine of all new born babies is tested by health visitors for phenylalanine metabolites between the third and sixth weeks of life in accordance with Ministry of Health Circular 9/63.

No positive result as yet has been recorded.

Congenital Abnormalities and Children "at risk."

Arrangements were made during the year to collect data on the incidence of congenital malformations particularly those observable at the time of birth and those infants considered at risk of handicapping conditions.

The groups at risk were set out on the Notification of Birth cards so that doctors and midwives notifying a birth under Section 203 of the Public Health Act 1936 could give preliminary indications of handicapping conditions.

It is hoped that with early diagnosis and adequate assessment, appropriate treatment, education and training can be applied at the most favourable age of development.

Childhood Malignancies and Leukaemia.

The department is again taking part in the national survey carried out by Dr. Alice Stewart of the Department of Social Medicine at Oxford University and 14 families were under investigation at the end of 1963.

Dr. A. K. Wattie although retired continues to conduct most of the examinations.

Day Nurseries.

The following is a statement of the work of the two Day Nurseries, numbers 1 and 29 Beach Road, for the past year. There is accommodation for 40 children in each nursery.

	No. 1 Beach Road	No. 29 Beach Road
Number of children on register at end of 1962	41	41
Admissions during 1963:		
Under 2 years old... ..	36	30
2—5 years old	28	21
Number of attendances during 1963:		
Under 2 years old... ..	2,597	2,347
2—5 years old	5,841	5,779
Average attendance per session:		
Under 2 years old... ..	10·2	9·2
2—5 years old	23·0	22·8
Number of children on register at end of 1963:		
Under 2 years old... ..	15	17
2—5 years old	32	33

In all 197 individual children from 185 families made use of the Day Nurseries in 1963, and the admission of children on the authority of the Matron continues to operate satisfactorily.

Taken over the whole year, the percentage of children whose mothers were in full employment was 82·5% and 11·0% were compassionate cases.

The Day Nurseries are authorised as a training school for the Nursery Nurses Certificate. During 1963 a total of four student nurses received training and three students were successful in obtaining their certificates. The Council, following discussions on the problem of unemployment, decided in March 1963 to appoint two additional nursery students and these appointments were made in June. The interchange of student nursery nurses between the Nursery School classes at Harton Infants School and the Day Nurseries continues satisfactorily. During the year the Nurseries were visited by student nurses, teachers in training and school children. The Matron attended a Refresher Course at Birmingham in March.

Ultra Violet-Ray Treatment.

Some 24 children made 196 attendances. Conditions treated were:—

Chest Diseases	15
Under-development	7
Debility.....	2

Nurseries and Child Minders Regulation Act, 1948.

During the year two applications were received for registration of nurseries; one of these was a church hall to accommodate 16 children, the other a private house with accommodation for 12 children. Both these premises were registered after the necessary improvements had been carried out. There are now three premises registered under this Act with room for a total of 52 children. There are no registered child minders.

Care of the Unmarried Mother and her Child.

The scheme for the care of illegitimate children and unmarried mothers is carried out by a Joint Committee of the Council and the Jarrow Deanery Moral Welfare Association.

A full time welfare worker is employed with an office in South Shields although her duties include the areas of neighbouring authorities.

The following is a summary of the work done by the welfare worker in South Shields during 1963:

	1963	1962
No. of unmarried mothers seeking help and advice ...	74	63
No. of married women with illegitimate children	10	13
No. of divorced women with illegitimate children	1	2
No. of putative fathers interviewed	5	3
No. of other cases	16	14
No. of affiliation orders obtained	5	4
No. of South Shields children placed for adoption	28	25

The South Shields Town Council make a grant of £350 per year towards the cost of this service, and in 1963 this was increased by a further £200 per year to pay for clerical assistance for the welfare worker. Twenty eight unmarried girls were admitted to various homes for confinement at a cost to the Council of £704.

Illegitimacy.

The rate of illegitimate births in the town was the highest since 1945 when a figure of 6·7 was recorded. In fact a rate of 6 per cent of the total live births has only been exceeded four times, in 1945, 1946 and in the last two years.

The Registrar General indicates that 130 live illegitimate births and 3 stillbirths were born to South Shields residents and of these only 75 were known to the Health Department. Of those recorded 72 mothers were unmarried, two were married but separated from their husbands and one was a widow.

Eighteen of the births were to girls of 16 years or younger and thirteen were 17 years of age. In 60 cases the confinements were arranged to take place in hospital.

As indicated on page 18 the illegitimate infant mortality rate was 38.5 which is more than two and a half times greater than the 14.9 for legitimate live births. All of the deaths occurred in hospital in the first week of life, four from prematurity and one with congenital abnormalities.

Of the 75 mothers, 71 were having their first child, three already had one child and in one instance the mother had two children.

Adoption Act, 1950.

Nineteen infants born to mothers living in other towns were adopted by South Shields foster parents, after investigation by health visitors. Eight infants born to South Shields girls were adopted by foster parents elsewhere after inquiry had been made as to the suitability of the home. This is in addition to the 28 children placed for adoption referred to above.

Family Planning Association.

Some 70 women were referred from local authority clinics to the Family Planning Association at a cost to the authority of £98. The present policy laid down by the Corporation which has been in vogue since the inception of the scheme is that referral should take place on definite medical indications only.

MIDWIFERY SERVICE

Notification of Births.

The number of births notified or registered in the County Borough during 1963 was as follows:—

	<i>Live Births</i>	<i>Still Births</i>
Domiciliary births	895	7
Births in South Shields Maternity Hospital ...	1,044	50
	<hr/> 1,939	<hr/> 57
<i>Less:</i>		
Born in South Shields Maternity Hospital to mothers not normally resident in the town	334	19
	<hr/> 1,605	<hr/> 38
<i>Add:</i>		
Born outside South Shields to mothers normally resident in the town	387	5
Net Total	<hr/> 1,992	<hr/> 43

The institutions outside the County Borough where the births occurred were as follows:—

	<i>Live Births</i>	<i>Still Births</i>
Danesfield Maternity Home, Jarrow	317	3
Princess Mary Maternity Home, Newcastle	34	2
Hopedene Maternity Hospital, Newcastle	13	—
Dilston Hall Nursing Home	3	—
Royal Infirmary, Sunderland	3	—
Maternity Hospital, Sunderland	3	—
Queen Elizabeth Hospital, Gateshead	3	—
Ashleigh Nursing Home, Gosforth	2	—
General Hospital, Newcastle upon Tyne	2	—
St. Mary's Hospital, Leeds	1	—
Thorpe Maternity Hospital	1	—
Richard Murray Hospital	1	—
Bensham Hospital, Gateshead	1	—
Private addresses	3	—
	<hr/> 387	<hr/> 5

Included in this total of 1,992 live births are 35 sets of twins:

3 sets born at home

31 sets born in South Shields Maternity Hospital

1 set born in Sunderland Maternity Hospital

Age and Parity.

It will be seen from Table 10 that 582 (64·5 %) of first baby births took place in hospital in 1963 as compared with 438 (64·0 %) in 1962 although there was an increase of such births from 684 in 1962 to 906 in 1963.

Of the higher multiparous mothers (4 and higher) 84 (45·4 %) were confined in hospital compared with 95 (37 %) in 1962, and in contradistinction to the first baby births, this particular category of births reduced from 255 in 1962 to 185 in 1963.

Some 55 % of all mothers aged over 35 irrespective of parity were institutionally confined in 1963 compared with 43·2 % in 1962.

The indications are that the recommendations of the Ministry of Health (based on the Cranbrook Report) are being followed.

Place of Confinement.

In table 12, page 54, the births of South Shields babies are set out for the past ten years according to whether the confinement took place in hospital or at home. The proportion of hospital births is still below that of the country generally.

There is however a significant increase in the proportion of hospital births from 49·9 % in 1962 to 55·7 % in 1963. This no doubt follows the increased number of beds made available to South Shields mothers in Danesfield Maternity Home.

In addition, stillbirths are analysed separately from live births and the stillbirth rate for the past ten years shows how this figure has varied considerably from year to year, although a declining trend is discernible since 1959.

TABLE 10.

AGE AND PARITY OF SOUTH SHIELDS MOTHERS RELATED TO DOMICILIARY OR INSTITUTIONAL CONFINEMENT.

	PARITY (Excluding Miscarriages)	4					TOTAL
		0	1	2	3	AND HIGHER PARITY	
		35 & Over Under 35	35 & Over Under 35	35 & Over Under 35	35 & Over Under 35	35 & Over Under 35	35 & Over Under 35
1963	Domiciliary	322	220	135	82	65	824
	Institutional	579	210	153	59	44	1,045
	Total	901	430	288	141	109	1,869
1962	Domiciliary	246	261	169	120	94	890
	Institutional	438	207	155	71	40	911
	Total	684	468	324	191	134	1,801
1961	Domiciliary	335	286	216	103	117	1,057
	Institutional	447	156	119	66	32	820
	Total	782	442	335	169	149	1,877
1960	Domiciliary	338	310	184	125	99	1,056
	Institutional	459	169	109	74	37	848
	Total	797	479	293	199	136	1,904
1959	Domiciliary	366	351	216	132	102	1,167
	Institutional	462	165	135	80	33	875
	Total	828	516	351	212	135	2,042

AVERAGE PERCENTAGES FOR FIVE YEARS 1959—1963.

Domiciliary	40.3%	64.2%	59.0%	62.4%	68.8%	53.7%
Institutional	59.7%	35.8%	41.0%	37.6%	31.2%	46.3%

Weight at birth	PREMATURE LIVE BIRTHS														Premature stillbirths
	Born in hospital			Born at home or in a nursing home					Born						
				Nursed entirely at home or in a nursing home			Transferred to hospital on or before 28th day								
	Total births	(2) within 24 hrs. of birth	(3) in 1 and under 7 days	(4) in 7 and under 28 days	Total births	(6) within 24 hrs. of birth	(7) in 1 and under 7 days	(8) in 7 and under 28 days	Total births	(10) within 24 hrs. of birth	(11) in 1 and under 7 days	(12) in 7 and under 28 days	(13) in hospital	(14) at home or in a nursing home	
1 2 lb. 3oz. or less	3	1	...	...	1	1	...	...	...	...	...	...	4	1
2 Over 2lb. 3oz. up to and including 3lb. 4oz.	8	2	2	...	...	...	...	...	2	...	...	...	7	...
3 Over 3lb. 4oz. up to and including 4lb. 6oz.	21	2	...	...	...	...	...	...	5	...	...	...	3	3
4 Over 4lb. 6oz. up to and including 4lb. 15oz.	19	1	...	...	3	...	...	...	5	...	...	...	3	...
5 Over 4lb. 15oz. up to and including 5lb. 8oz.	42	...	...	...	34	...	...	...	...	...	...	...	2	1
6 Total	93	6	2	...	38	1	...	...	12	...	...	...	19	5

1 = 1,000g, or less. 2 = 1,001-1,500g. 3 = 1,501-2,000g. 4 = 2,001-2,250g. 5 = 2,251-2,500g.

TABLE 12
BIRTHS FOR SOUTH SHIELDS COUNTY BOROUGH.

	NET LIVE BIRTHS				STILLBIRTHS				Percentage of Births in Hospital
	Home	South Shields Maternity Hospital *	Other Hospitals	Total	Home	South Shields Maternity Hospital *	Other Hospitals	Total	
1954.....	1,185	611 (214)	245	2,041	12	24 (20)	—	36	42·4
1955.....	1,073	617 (222)	270	1,960	16	43 (19)	1	60	46·1
1956.....	1,052	580 (256)	303	1,935	7	38 (25)	5	50	46·7
1957.....	1,203	516 (211)	395	2,114	18	28 (18)	13	59	43·8
1958.....	1,317	423 (180)	325	2,065	8	26 (13)	4	38	37·0
1959.....	1,302	555 (244)	310	2,167	13	37 (16)	5	55	40·8
1960.....	1,173	580 (248)	255	2,008	3	46 (17)	2	51	42·9
1961.....	1,184	629 (314)	226	2,039	12	35 (13)	2	49	42·7
1962.....	1,008	666 (317)	304	1,978	5	34 (20)	6	45	49·9
1963.....	895	710 (334)	387	1,992	7	30 (19)	5	42	55·7
Total ..	11,392	5,887 (2540)	3,020	20,299	101	341 (180)	43	485	44·7% (Average)

*The figures in parentheses refer to births occurring in the Maternity Hospital to Mothers who are not resident in South Shields.

Care of Premature Infants.

During 1963 there were 143 live births notified of infants weighing $5\frac{1}{2}$ lbs. or less at birth born to South Shields mothers. Of these, 38 were born at home, 93 in the South Shields Maternity Hospital and 12 in hospitals and nursing homes outside the town.

Premature stillbirths.—Of the 43 stillbirths recorded, 24 were premature of whom five were born at home and 19 in hospital.

Table 11 on page 53 gives details of survival of premature infants during the first 28 days of life.

Ophthalmia Neonatorum.

There were no notifications of ophthalmia neonatorum received in 1963. Five cases of discharging eyes were reported by midwives, but there was no impairment of vision in any of these.

Pemphigus Neonatorum.

No cases were notified in 1963.

Puerperal Pyrexia.

Two cases of puerperal pyrexia were notified, both in home confinements. One was due to influenza and the second to cystitis.

Intention to Practise.

Fifty-three midwives notified their intention to practise during 1963. Of these 23 were in the maternity hospital and 30 were municipal domiciliary midwives. At the end of the year 25 midwives were in the municipal service (one giving part-time service only) and 19 in the maternity hospital.

Suspension from Practise.

There were no temporary suspensions of midwives notified to the Central Midwives Board on account of infectious disease.

Domiciliary Midwives.

Attention was given in 902 domiciliary births, 111 fewer than in 1962. Of the total births to South Shields residents (2,035) 44·3% occurred at home and 55·7% in hospitals. In 305 cases medical aid was sought by midwives under section 14 (1) of the Midwives Act, 1951.

The following table gives a summary of the work of the domiciliary midwives during 1963:—

Number of births attended:	
As midwives	664
As nurses	238
Other cases (miscarriages, etc.) ...	6

In addition, 944 patients were nursed on their discharge from hospital before the 10th day. Of these, 247 were discharged by the third day, and 445 between the fourth and seventh day.

The number of visits paid was as follows:—

Morning visits	18,183
Evening visits	2,784
Ante-natal visits	6,763
Post-natal visits.....	3,243
Night calls	1,299
Total	<u>32,272</u>

Gas and Air Analgesia.

Some 686 confined patients had ' gas and air ' or trilene administered by midwives. This represents 76·1% of home deliveries.

1. When acting as midwife:	
(a) gas and air	224
(b) trilene	315
2. When acting as maternity nurse:	
(a) gas and air	61
(b) trilene	86

All the domiciliary midwives are qualified to administer analgesia. Six sets of ' gas and air ' apparatus and twenty-one trilene sets are available.

Domiciliary Midwifery Staff.

	<i>Full-time</i>	<i>Part-time</i>
On 1st January 1963	22	1
Appointed during year	4	—
Left during year	2	—
On 31st December 1963	24	1

These figures exclude the non-medical supervisor of midwives and the matron of Part II Training School.

Notifications from Midwives.

Three midwives and the supervisor attended refresher courses during the year.

The following notifications were received from domiciliary midwives:—

Sending for medical aid.....	305
Intention to practise.....	30
Deaths of infants	5
Stillbirths	7

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES ACT, 1951.

The principle reasons for calling in medical aid were:—

(a) Mothers:

Delayed or prolonged labour	58
Abortion or threatened abortion	19
Haemorrhage	42
Toxaemia	57
Hypertension	46
Retained placenta	21
Other causes	12

(b) Babies:

Prematurity	18
Feebleness	5
Rash	6
Discharging eyes	5
Other causes	16

(c) Institution cases where medical aid was summoned

198

503

ANTE-NATAL CARE

1. Ante-natal Clinics.

Midwives were in attendance at all clinic sessions (see page 41).

2. Defects found.

The following defects were found among the mothers:—

Dental caries	79
Respiratory diseases	3
Varicose veins	51
Oedema	145
Albuminuria	33
Raised blood pressure	267
Glycosuria	15
Cardiac disease	5
Anaemia.....	135
Hyperemesis	3
Hydramnios	9

Three patients were referred to the Chest Physician.

3. Rhesus Factor.

480 specimens of blood from expectant mothers and 113 cord specimens from babies were examined for rhesus factor. Of these, 519 were rhesus positive and 74 were negative. Three mothers were admitted to hospital with active anti-bodies and there were no positive Coombs tests from fathers, four of whom were positive and three negative.

4. Wassermann Tests.

Eight hundred and sixty routine Wasserman tests were carried out, one of which had a positive result. This patient was referred to the special clinic.

Maternity Outfits.

Complete outfits were distributed to 1116 expectant mothers from the Public Health Department during 1963.

Training School for Midwives.

The following is a summary of the work:—

In training on 1st January, 1963	12
New Students during 1963	12
Still training on 31st December, 1963	12
Number of students who entered for Part II of the Board's examination	11
Number of students who passed examination	1
Number of pupils completed training to administer ' gas and air ' analgesia	11

The training school at Ravenscroft continues to attract applicants from different parts of England and the Commonwealth.

Report of Supervisor.

The non-medical Supervisor of Midwives, Mrs. S. A. Innes, reports as follows:—

The Relaxation and Mothercraft Classes have been extended to four sessions weekly, and are very successful. The expectant mother of today has a far greater intellect and is more knowledgeable thanks to all the educational work being done by all personnel. She naturally demands a higher standard of care and attention at one of the most important times of her life. We are very fortunate in our physiotherapist who helps us enormously in reassuring these young expectant mothers.

The midwife today has become a medico-social worker. The needs of the mother herself are greater than they have ever been. Her mental as well as her physical well-being must be cared for and consequently she is receiving much more individual care from the domiciliary midwife. The domiciliary midwife in particular may be confronted with all sorts of domestic complications involving the expectant mother and her home, some of which had existed before she entered the home, problems such as an elderly relative in need of outside help, a neglected child, a child mentally or physically handicapped, some husband or debt problem or as in the case of an unmarried mother, no husband at all. Once the midwife has entered the home these problems come to her notice and she cannot ignore them because she is no longer purely and simply a midwife. She is one of a team serving the community. She will put the wheels in motion so that each particular problem can be dealt with by the appropriate authority.

Although our domiciliary confinement rate has declined somewhat, the early hospital discharge rate has considerably increased ensuring the continued attendance of a trained midwife who had perhaps known the mother ante-natally before being booked for hospital.

The elderly multipara continues to be a problem, booking late in pregnancy or sometimes not at all. She does not wish to leave her home for a hospital bed. Consequently home visits must be paid regularly as she also invariably defaults from clinic.

The dangers of hypothermia and injury from cold in young babies is a constant threat especially in severe weather conditions experienced in the early part of 1963. All the midwives carry special low reading thermometers and are fully aware of this hazard. Four babies were diagnosed with this condition on the day of delivery and transferred to hospital within a few hours. All survived after treatment.

The domiciliary still birth and the perinatal death rate is lower than it has ever been proving that the ante-natal and delivery care has been maintained through close liaison with the hospital.

HEALTH VISITING

The Superintendent Health Visitor, Miss E. Mycock, reports as follows:—

The work of the health visitor continues to expand. Routine visiting in infants, school children and expectant mothers has given way to selective visiting. In recent years it has been considered necessary that the health visitors duties be extended to visit and advise the family as a unit. This, of course, includes the aged and the many special problems of this category. In general, the expansion of the work still continues. Because of her unique position in the community as a medico-social worker, she can advise on both health and social problems. The present affluent society, bolstered by the Welfare State prevents cases of want, need and poverty but in their place we have many varied social and personal problems. Against this background, one important function of the health visitor is to keep the family together and prevent breakup and separation.

In dealing with her social problems, the health visitor uses both statutory services, (such as the Probation Service, the Children's Department and the National Assistance Board), and voluntary services, (for example the National Society for the Prevention of Cruelty to Children, Women's Voluntary Services, Moral Welfare and Marriage Guidance Council) to help in her work.

The increase in numbers of aged people has meant more work and supervision by the health visitors. The aim is to keep the old people in their own homes as long as possible. With the help of statutory and voluntary agencies many old people, who previously have had to be given a hospital bed, are now kept in their own homes.

During 1963 the health visitors paid the following 41,267 visits to homes; slightly fewer than 42,141 recorded in 1962.

Expectant mothers: visits	557
Children under one year of age:	
First visits	1,955
Subsequent visits	10,845
Children aged 1 and 2 years: visits	5,910
Children aged 2 to 5 years: visits	15,244
Visits <i>re</i> :	
stillbirths	43
infant deaths	40
adopted children	19
tuberculosis	852
other infectious diseases	2,511
admission to hospital	766
B.C.G. vaccination	315
applications for recuperative holidays ...	91
Visits to aged people	2,119

Staff.

The staff comprises a superintendent health visitor who is in charge of seven school nurses and sixteen district health visitors. There are no 'specialist' health visitors, each being responsible for a geographical area and a number of schools, with the exception of three who have been deployed with general practitioners.

In July, Miss M. Sherry, Senior Health Visitor, retired after serving the Corporation for 28 years. Her experience will be missed greatly.

Two student health visitors were successful in passing the Health Visitors examination in July and were taken on to the staff. It is hoped that the Borough will sponsor two further students at the next health visitor training course commencing in September 1964.

Three health visitors attended a refresher course with the title 'Problems and Progress in Public Health' arranged by the Royal College of Nursing and held for two weeks in Birmingham. Two health visitors who completed their formal training in 1962 attended a two-day course on screening tests of hearing of young children, held at Leicester in September.

Assessment of hearing in babies and young children.

All the health visitors are trained in the technique of testing the hearing of babies and young children and 227 routine tests were carried out on children from 9 weeks to 7 years during 1963. Special attention is paid to children in the 'at risk' groups. Seven children were referred for further specialist medical opinion and 4 to the Speech Therapist. It is interesting to record that 2 babies have been supplied with hearing aids.

Admissions to Danesfield Maternity Home, Jarrow.

As in past years, the health visiting staff completed social reports for all South Shields applicants for admission to Danesfield. There were 656 reports submitted to the special admissions sub-committee.

Attachment of Health Visitors to the Practices of Family Doctors.

The health visitors call at the surgeries once a week and act as liaison officers between doctors and the staff of health visitors. One health visitor attached to a single practice gives one whole day in the surgery doing health education to general and ante-natal patients. The intention is to extend this link, allow the health visitors to give more time to the general practitioners' patients, and visit his cases not only in her own district but covering all the town. If this is to happen her original district work will have to be reorganised. It is hoped that the scheme will lead to a better understanding between the two services with a consequently better service to the patient.

Co-operation with the Hospital Service.

The health visitors on rota, visit the General Hospital as follows:

Monday a.m. Children's Ward Round with Paediatrician

Tuesday p.m. Premature Baby Unit

Friday p.m. Geriatric Unit with Geriatrician

These visits are greatly appreciated by the health visitor as they keep them in close contact with the sick children and the aged on their districts and present trends in all aspects of child care and the care of the aged.

Ante-Natal Health Education.

Health visitors attend three ante-natal clinics in the town for the purpose of giving advice to expectant mothers. Until such time as health visitors and midwives are fully deployed with general practitioners, this arrangement would appear to offer facilities not possible in ordinary practice, or indeed, in hospital ante-natal clinics.

Co-operation with other Agencies.

There has been regular and frequent contact between the health visitors and other health and social field workers namely, General Practitioners, Moral Welfare Worker, Family Case Worker, N.S.P.C.C., W.V.S., Dental Welfare Officers, Hospital Almoners, Probation Officers and Welfare Assistants.

In addition student nurses from the Ingham and General Hospitals and Social Welfare Assistants from the Welfare Department and student teachers have been taken on the district as part of their general training.

Rehousing on Medical Grounds.

The number of requests for housing reports by the health visitors numbered 28 during the year, 18 of which were on grounds of tuberculosis; and appropriate reports were submitted for the consideration of the Housing Committee.

Health Education.

Health Education is one of the health visitor's more important duties. This is given individually to mothers in their own homes and those attending the Child Welfare Clinics. Special sessions

of Health Education are given to groups of people, e.g., Church groups, Youth Clubs, Young Wives Clubs and to the local branch of the British Red Cross Society Classes. Health visitors also gave informal talks in several schools on the following subjects:—

Personal Hygiene

Sex Education

Accidents in the Home

Immunisation

Smoking

Venereal Disease, in association with the Venereologist,
Dr. C. B. Schofield.

Tuberculosis.

In 1963, the chest physician, Dr. P. M. Rooze, requested that routine visiting by health visitors to notified cases of tuberculosis should cease but that she should concentrate on notifications of primary tuberculosis and contacts over as wide a field as possible. It was also suggested that special efforts should be made with defaulters from the chest clinic.

Venereal Disease.

The health visitors continue to help in tracing absentees and contacts which is an ever present necessity particularly in seaports.

Child Guidance Clinic.

In the absence of a psychiatric social worker the health visitors undertake the necessary duties on a rota basis. The knowledge gained in assisting the child psychiatrist is found most beneficial to the health visitors in advising on emotional problems in their districts.

Further information of the work done by health visitors is given elsewhere in this report, especially those sections relating to the care of mothers and young children, health education and care and after-care.

HOME NURSING SERVICE.

This service is carried out on behalf of the Corporation by the South Shields and District Nursing Association. The administration is largely autonomous and is not under the direct control of the Medical Officer of Health, although the Superintendent attends regular meetings with the Superintendent Health Visitor and Supervisor of Midwives at the Health Department.

At the end of 1962 the staff of the Association comprised:—

- 1 Superintendent
- 7 full-time nurses (S.R.N.)
- 6 part-time nurses (S.R.N.)
- 1 full-time assistant nurse (S.E.N.)
- 1 part -time attendant.

Miss A. Stoddart, Nursing Superintendent of the South Shields and District Nursing Association reports as follows:—

The majority of staff are married and many of them have been with the Association for a number of years. The number of part time staff that can be absorbed is limited and even these nurses find a full time job and running a home very exacting.

During the year the services of a male nurse were engaged and a further male nurse is undertaking district training.

Summary of work done during 1963:—

	1962	1963
Cases on books 1st January	372	414
New cases:—		
Medical	703	713
Surgical	226	247
Ear, Nose and Throat	49	43
Carcinoma	123	116
Maternal Complications	15	11
Pneumonia.....	74	79
Diabetes	18	24
Cerebral Conditions	93	95
Respiratory Tuberculosis	36	18
Other forms Tuberculosis	7	2
	<hr/> 1,344	<hr/> 1,348

The nurses paid 51,052 visits compared with 55,117 in 1962 and of these 16,365 were for injections. About half of the new patients attended were over the age of 65 years. There is still a shortage of geriatric beds in hospital and of accommodation in Welfare Hostels and the service plays a full role in supporting cases awaiting such places.

Most of the referrals are from general practitioners and to facilitate message taking with a minimum of time loss, the Association installed an automatic recording system during the year.

Also during 1963 the nurses have been provided with a wide variety of disposable items of equipment, such as syringes, gloves, polythene urinals, etc. Incontinence pads now available on prescription, have proved very successful for patients with bowel incontinence, discharging wounds and bedsores. They are not quite so satisfactory with urinary incontinence although there is a great saving on laundry. So far, no great problems have been experienced in their disposal.

Little experience has been gained with disposable instruments but with the ever present risk of cross infection it is hoped to experiment with these during the coming year.

VACCINATION AND IMMUNISATION SCHEMES.

The following Schedule of Vaccination and Immunisation was introduced in August, 1962 with notes for the guidance of Health Department Staff and local General Practitioners. The final choice of programme however is the prerogative of each doctor and it may be desirable to modify the schedule to meet individual circumstances. Where possible it is the intention to provide 'half volume' vaccine, i.e. the usual immunizing dose of each constituent is contained in 0.5 cc.

The programme is so complex that parents are issued with a personal record card on which each injection and the date of the next appointment is recorded. This card is of particular importance to hospitals and general practitioners in the event of accidents where tetanus immunisation has been completed.

PRIMARY IMMUNISATION PROGRAMME—SCHEDULE P. (Modified).

Vaccine	Visit	Age	Interval	Method
Smallpox Vaccination	1	During first 2 years, preferably during second year.	At least 3 weeks before other vaccines. At least 2 weeks after other vaccines.	A single insertion using 10—30 pressures at the lower posterior border of deltoid, by multiple pressure technique. Cover lesion.
Triple Antigen (Diphtheria Pertussis and Tetanus)	2 3 4	First injection to commence between 3 months and 6 months.	4—6 weeks between each injection.	0·5 cc. half volume vaccine, I.M. or deep subcutaneous.
Poliomyelitis (oral) Vaccine.	5 6 7	Between 7 and 11 months or to commence at least 4 weeks after Triple vaccine.	4—8 weeks between each dose.	On sugar, in syrup or directly.
Triple Antigen	8	Between 18 & 21 months.		0·5 cc. half volume vaccine, I.M. or deep subcutaneous.
Diphtheria and Tetanus Vaccine (Adsorbed).	9	Between 4—5 years.		0·5 cc. adsorbed half volume vaccine I.M. or deep subcut.
Diphtheria and Tetanus Vaccine (Adsorbed).	10	Between 8—10 years.		0·1 cc. adsorbed half volume vaccine I.M. or deep subcut.
B.C.G.	11	Between 10—13 years.	At least 4 weeks after other vaccines and no other vaccine for 3 months.	0·1 cc. intradermally into skin over insertion of L. deltoid in tuberculin negative reactors.

Vaccination against Smallpox.

The numbers of vaccinations and re-vaccinations performed during the year are given below.

	Under 1 year	1—4 years	5—14 years	15 years and over	Total
Primary Vaccination (a)	349	351	399	86	1,185
(b)	30	21	40	411	502
Re-vaccination (a)	—	31	111	366	508
(b)	—	—	35	432	467
Total	379	403	585	1,295	2,662

(a) In clinics or schools.

(b) By General Practitioners.

Although there is a slight increase over the figures for 1962 at every age group the decrease in the number of infants protected over former years is still pronounced.

Despite conflicting reports in the national and medical press in recent months routine vaccination offers certain advantages in that there is less likelihood of spread within the community and where revaccination is performed, antibody response and consequently protection is higher and more rapid. This is of particularly importance in seaports where the risk of importation of smallpox is ever present. For this reason vaccination was offered towards the end of 1963 at the time of the first birthday examination.

Routine re-vaccination of Health Department Staff who may have to deal with smallpox cases at short notice was carried out as usual at the beginning of the year.

Routine vaccination of children between the ages of 8 and 12 years as recommended by the Ministry of Health in March 1963 in "Active Immunisation against Infectious Disease" was commenced in a limited way towards the end of the year.

The following table shows the number of successful vaccinations and re-vaccinations carried out during the past seven years.

		1957	1958	1959	1960	1961	1962	1963
Under 1 year	(a)	819	756	768	790	997	319	379
	(b)	—	—	—	—	—	—	—
1—4 years	(a)	59	46	48	52	83	322	372
	(b)	12	3	2	11	8	21	31
5—14 years	(a) ...	33	37	33	28	50	348	439
	(b)	30	18	9	12	22	114	146
15 years and over	(a)	87	122	104	71	104	467	497
	(b)	188	190	125	141	109	632	798
Total	(a)	998	961	942	941	1,216	1,456	1,687
	(b)	230	211	136	169	139	767	975

(a) Primary Vaccination.

(b) Re-vaccination.

Percentage of children under 4 years protected ... 42%

Percentage of total population protected 8.4%

(Assuming protection to last 5 years)

Diphtheria Immunisation.

The number of children immunised against diphtheria during 1963 was 1,725 and a further 1,205 received re-inforcement doses. The following table gives further details.

		Under 5 years	5 years and over	Total
Primary Immunisation	(a)	1,412	66	1,478
	(b)	219	28	247
No. of children given reinforcing doses	(a)	622	403	1,025
	(b)	85	95	180
Total	(a)	2,034	469	2,503
	(b)	304	123	427

(a) In clinics.

(b) By General Practitioner.

The following table gives the number of children who have completed a course of diphtheria immunisation between 1st January 1949 and 31st December, 1963.

Age on 31.12.1963 (i.e. born in year)	Under 1 year 1963	1—4 years 1962- 1959	5—9 years 1958- 1954	10—14 years 1953- 1949	Under 15 yrs. Total
A. Number of children whose last course (pri- mary or booster) was completed 1959-1962 ...	680	6,010	5,988	3,116	15,794
B. Number of children whose last course (pri- mary or booster) was completed in the period 1958 or earlier	—	—	1,690	5,710	7,400
C. Estimated mid year child population	1,950	8,000	18,870		28,820
D. Immunity Index $\frac{100 \text{ A}}{\text{C}}$	34.9	75.1	$\frac{100 \times 18,870}{28,820} = 48.2$		54.8

The following table shows the extensive use of combined antigens in the protection of children against diphtheria and/or whooping cough and/or tetanus.

	Diphtheria	Diphtheria and Pertussis	Diphtheria Pertussis and Tetanus	Diphtheria and Tetanus	Tetanus
Primary.....	—	—	1,631	94	56
Reinforcing Dose	—	—	—	1,205	—

Pertussis Immunisation.

Some 1,631 children under five years were protected against whooping cough mainly, as can be seen by the foregoing table, in conjunction with diphtheria or diphtheria and tetanus antigens.

Tetanus Immunisation.

Every effort has been made during the year to integrate protection against tetanus with other primary or reinforcing immunisations or in the older age groups to initiate primary active immunity.

Five hundred and sixty one school children were thus protected against tetanus during 1963.

Some 1,399 children under five years also had tetanus immunisations during the year.

Vaccination and Poliomyelitis.

Routine use of (Sabin) oral vaccine has almost completely replaced Salk vaccine in Local Authority immunisation schedules. During 1963 it was administered by health visitors and school nurses and the following table gives details by age, place and vaccine of individuals receiving primary and reinforcing doses.

Under Ministry of Health Circular 10/63 reinforcing doses were offered to immunised persons at special risk of contracting poliomyelitis.

The following table gives details by age, place and vaccine of individuals receiving primary and reinforcing doses.—

PRIMARY VACCINATION	Under 5 yrs.	4-14 years	15-24 years	25-40 years	Total
Sabin Vaccine 3 doses (a)	1,665	213	82	332	2,292
(b)	256	30	17	51	354
Salk Vaccine 2 doses (a)	—	20	18	9	47
(b)	—	2	5	—	7
Total	1,921	265	122	392	2,700
REINFORCING DOSES					
Sabin Vaccine 4th Dose (a)	1,496	2,144	211	150	4,001
(b)	—	—	110	125	235
Salk Vaccine 3rd Injection (a)	—	36	—	—	36
(b)	—	—	20	42	62
Total	1,496	2,180	341	317	4,334

(a) In clinics or schools.

(b) By General Practitioners.

It was estimated that by the end of the year 71.5% of children under 5 years and 90% of children aged 5-14 years had received one or more injections or doses.

B.C.G. Vaccination.

Details of B.C.G. vaccinations are included in the section on tuberculosis on page 115. In keeping with Circular 6/61 from the Ministry of Health, B.C.G. has been offered to children from eleven years of age.

AMBULANCE SERVICE.

The following is a statement of the work of the Ambulance Service during 1963, with comparable figures for the previous year.

1. Patients:

	1962	1963
Removals to or from addresses in South Shields	41,114	42,187
Removals to or from addresses outside South Shields	7,408	7,758
Total patients	48,522	49,522

2. Journeys:

Journeys with patients in South Shields	8,815	8,818
Journeys with patients outside South Shields ...	3,305	3,409
Accidents and emergencies	1,963	2,091
Infectious disease cases	32	46
Midwives with analgesia apparatus	1,681	1,221
Other journeys	157	151
Total journeys	15,933	15,736

3. Mileage:

Mileage in South Shields.....	129,336	122,743
Mileage outside South Shields	91,692	87,356
Total mileage	221,028	210,099

4. Costs:

The cost of the service for the year ending 31st March, 1963, was £41,093; this is three shillings and elevenpence per vehicle mile. Corresponding figures for the previous year were £37,928 and three shillings and fivepence per vehicle mile.

In 1963 each journey averaged 13·4 miles and 3·2 patients were carried, as compared with 13·9 miles and 3·0 patients for 1962.

Staff.

At the end of the year the staff comprised a Superintendent, 4 chargehands and 24 driver-attendants. In addition there is one motor mechanic, a labourer and a night telephone operator.

Vehicles.

During the financial year 1962/63 one new Commer Ambulance was purchased to replace an existing vehicle, thus maintaining the fleet strength at ten. For the first time the colour of the new vehicle was cream for easy identification and in due course the rest of the fleet will be replaced in this colour.

Two further ambulances were ordered for the financial year 1963/64 to increase the fleet strength to twelve and provide additional cover for the ever increasing use of the service.

Major Accidents.

The arrangements for dealing with large numbers of casualties, under Ministry of Health Circular No. 13/54, together with a list of key personnel were compiled in booklet form and distributed to the appropriate organisations in South Shields and neighbouring authorities for immediate reference.

Accident and Emergency Services.

In response to Ministry of Health Circular No. 8/63 directing attention to a report to hospital authorities (H.M. (63) 40) the ambulance services for accidents and emergencies were reviewed and found to be working satisfactorily.

Arrangements with Durham County for the provision of an emergency service to the Whitburn and Cleadon areas of Boldon Urban District were also reviewed and modified slightly in the light of running experience and minor difficulties.

'999' Calls.

There were 2,091 emergency calls during the year compared with 1,963 in 1962. Some difficulties were experienced in the Whiteleas and Biddick Hall areas of the town as the telephone exchange system does not coincide accurately with the Local Authority area.

Emergency calls arising in these areas were routed outside the town to the Durham County Ambulance Control Centre. In one notable incident, drawn to our attention by H.M. Coroner, this caused some delay in the arrival of an ambulance to the site of an accident. Despite this, representations to the G.P.O. on the instructions of the Parliamentary Trade and Commerce Committee were unsuccessful. Further discussions took place with the Durham County Ambulance Service and agreement reached on routine procedure in the event of an accident or emergency at each of the ambulance stations involved.

No further trouble has been encountered since.

First Aid.

All members of the staff hold current proficiency certificates issued by the St. John Ambulance Association and the British Red Cross Society.

Safe Driving Awards.

All the driver/attendants were recommended for Safe Driving Awards.

Civil Defence.

Little progress was made during the year. Although the role of the peacetime ambulance service in the event of hostilities is of the utmost importance no headway was made with training. One of the great difficulties in this respect has been the lack of opportunity of driver/attendants to enrol as volunteer members and perhaps at this stage more consideration should be given to include this field of training as part of their normal duties.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Recuperative Holidays.

Recuperative holidays in approved convalescent homes are arranged by the department for persons who are recommended by their medical practitioner for this form of care, and who are unable otherwise to obtain such treatment.

During 1963, 68 applications—22 males and 46 females—were made; these requests came from medical practitioners, almoners and health visitors. Two of the applicants were unable to take advantage of the arrangements made for them, and 66 patients had a holiday as follows:—

In the Proctor Memorial Home, Shotley Bridge	25
„ The Leazes, Wolsingham	18
„ Shoreston Hall, Seahouses	9
„ Metcalfe Smith House, Harrogate	—
„ Horn Hall, Stanhope	9
„ Silloth Home	—
„ Rose Joicey Home, Whitburn.....	2
„ St. Camillus, Hexham	2
„ Epileptic Colony	1

	Male	Female
Aged 16—25 years	—	1
„ 26—45 „	3	2
„ 46—65 „	12	16
„ 66—75 „	7	17
„ 75+ „	—	8
	<hr/> 28	<hr/> 44

Two weeks' holiday	64
Three weeks' holiday	1
Less than two weeks	1

The conditions necessitating a recuperative holiday were:

Bronchitis	13
Post Operative	8
Arthritis	7
Hypertension	4
Neurosis	5
Heart Disease	4
Peptic Ulcer	1
Anaemia.....	4
Debility	6
Post influenza	6
Carcinoma	2
Other Conditions	4

The gross cost of these holidays to the Local Authority was £436. Twenty nine patients had a total of 58 weeks holiday in the Leazes, Wolsingham, Horn Hall, Stanhope, or St. Camillus, Hexham; and these holidays were arranged at no cost to the Corporation through the courtesy of the Brother in Charge, St. Camillus, and the Matrons of the Leazes and Horn Hall.

Provision of Sick Room Requisites.

Some 1,032 items of nursing equipment were issued during the year to patients being nursed at home compared with 1,101 for 1962.

Most of the equipment is issued from the Municipal Clinic but many items are available at the Boldon Lane Health Centre.

The articles provided during the year were as follows:—

Bedpans	194	Rubber bedpans	23
Back Rests	126	Commodes	79
Rubber Sheets	206	Hospital beds.....	3
Air Cushions	105	Tripod sticks	18
Bottles	128	Elbow sticks.....	5
Invalid chairs	67	Foam cushions	4
Leg cages	29	Other Articles	22
Dunlop mattresses .	23		
			<hr/> 1,032 <hr/>

Ministry of Health circular No. 14/63 made incontinence pads available to local health authorities as part of the arrangements for the care of patients under section 28 of the National Health Service Act 1946. These are now provided at the request of general practitioners by the Home Nursing Service. (See page 65).

Family Case Work.

The arrangement whereby the Northumberland and Tyneside Council of Social Service allocated a qualified family case worker on a half time basis in South Shields was continued during the year. A summary of the new cases seen with comparative figures for 1962 are given below.

Source of cases referred	1962	1963
Health Department	22	22
Hospital almoner	7	4
N.S.P.C.C.	5	2
Probation officer	4	2
Welfare Department	—	8
Other agencies.....	14	2
	<hr/> 52 <hr/>	<hr/> 40 <hr/>

An annual grant of £300 is paid by the Local Health Authority for this service. A wide range of problems is brought to the attention of the case worker and many families require prolonged and intensive assistance. Although this tends to be a personal service to individuals and their families, casework is of benefit to the community as a whole, in that early assistance and rehabilitation can be an important preventive measure against social distress, which often has much wider repercussions such as delinquency, child neglect and other anti-social tendencies.

Children Neglected or Ill-treated in their own Homes.

The co-ordinating committee set up in 1951 to consider cases of child neglect and all cases of ill-treatment and what might best be done for the family as a whole, met regularly during the year. Since the formation of this committee 121 cases have been considered and a further 18 reconsidered, involving a total of 415 children. Only seven families came to the notice of the committee during 1963 and most families received attention at a very late stage.

One of the ever present difficulties encountered by the committee was the provision of adequate and suitable housing. Arrears of rent often prevent families from receiving due consideration by the Housing Allocation Sub-Committee. Advice on household management, payment of debts especially for the various forms of fuel and hire purchases are two of the many ways such families can be helped.

The introduction of new legislation namely, The Children and Young Persons Act 1963 should provide a necessary stimulus to widen the present function and place greater emphasis on prevention, thus diminishing the need to receive into or keep children in care.

Night Attendance Service.

This service commenced in October to provide help in the over-night care of old people and chronic sick confined to bed with or without serious illness who have either relatives tired out by constant sitting up with them, no relatives, or who can no longer find neighbours who are prepared to undertake regular supervision at night.

The scheme made arrangements for the setting up of a panel of responsible and sympathetic persons under the direction of the Old Peoples Welfare Association who would undertake less urgent requests and a similar panel within the Home Help Section for the more serious cases. Arrangements were laid down for referral, assessment of requests by the Superintendent Health Visitor and a scale of charges. In the short period of operation 3 cases were served by the Health Department rota involving coverage for 9 nights.

Chiropody.

The existing arrangements described fully in the report for 1962 continued to provide a useful service throughout the year almost exclusively to the elderly. The following table is a summary of the work carried out:—

	1959	1960	1961	1962	1963
Total sessions held	55	184	203	198	194
Total attendances	363	1,167	1,257	1,228	1,135
Visits paid by chiropodist to patients, home	39	249	249	199	221
Total number of patients treated	215	442	452	612	655

In December a comprehensive service for the development of the service to be run in conjunction with existing provisions was approved by the Council. It is hoped that the service will be extended thus to the other priority groups, namely expectant mothers, handicapped persons and school children.

Geriatric Day Centre.

In view of the increasing problem of caring for the aged in the community, extensive discussions were held to consider the setting up of a Geriatric Day Centre to provide in the community rather than in hospital environment, for patients discharged from hospital continuing medical supervision and social care. It is hoped this service will be available early in 1964.

HEALTH EDUCATION

Dr. A. R. Buchan reports as follows :

The scope of health education has widened rapidly in recent years largely as a result of increased knowledge on disease processes and a fuller understanding of the ways in which individuals and the community can promote mental and physical health.

Once again a planned health education programme was drawn up by the departmental Health Education Advisory Committee in a series of monthly campaigns as follows:—

January—Home Safety	July—Summer Safety.
February—Coughs, Colds and Influenza	August—Nutrition
March—Venereal Diseases	September—Cancer
April—Infectious Diseases	October—Aged
May—Dental Health	November—Mental Health
June—Food Hygiene	December—Road Safety

Every effort was made to vary the presentation and give scope for individual and group approach. Where possible the monthly campaign was introduced in the schools. Evaluation of results is difficult but there is no doubt that health education will provide a continuing challenge and increasing responsibility in the work of a Health Department.

In view of the limited funds available to each Local Authority in comparison with the large sums available in commerce and advertising there is a need for some concerted policy on a regional basis. Only in this way is it possible to make use of mass media to counteract the anti-health pressures and influence the community in its way of life towards the promotion of health.

Health Education in Schools.

During February a team from the Central Council for Health Education visited South Shields and gave an interesting one day programme to Health Department Staff and School Teachers on the methods of health education in schools. Many of the teachers

commented that they would have preferred a more didactic approach as no doubt few had any specialist knowledge or training in health education. However the study day stimulated much thought on the subject and several useful discussions took place later in the year with representatives of the Head Teacher's Association.

Smoking and Health.

During September an intensive campaign took place to bring to the attention of the public and in particular to junior and secondary school children and young adults the hazards of smoking to health. The campaign was planned to coincide with a visit of one of the mobile units of the Central Council for Health Education which spent ten operational days in the town. An excellent coloured film "Smoking and You" underlined the main points of the lectures and much interest was displayed in the pathological specimens presented. In addition the parents of every child were sent a letter from the Medical Officer of Health stressing the need for parental example and appropriate posters were displayed widely.

In all, during the all too brief visit, eighteen schools, both local hospitals and a factory were visited. Talks were given also to the Health Department staff, Youth Club leaders, Boy Scouts and to the Rotary Club.

National Educational Week.

In connection with the first National Education Week which was held during November 1963 an exhibition of health education material was held in the Municipal Clinic. The display which was intended to present the wealth of material and sources available to all concerned in health education, included posters, leaflets, filmstrips, film catalogues, book marks, models, etc. on a wide variety of subjects.

The exhibition was visited by teachers, tutors, students, youth club leaders, doctors, health department staff, etc. and our thanks are due to the Central Council for Health Education, National Association of Mental Health, Chest and Heart Association and many other organisations who contributed.



Supplied by courtesy of the *South Shields Gazette*.

Exhibition—Flower Show August 9th—11th.

Much interest was shown at the exhibition on typhoid fever held at the Annual Flower Show. Facts were presented of previous outbreaks both in this country and abroad and statistics given on the recent outbreak in South Shields. Bacteriological cultures of the Salmonella group of organisms (loaned by the Public Health Laboratory, Newcastle upon Tyne) were on view and the hygienic handling of food was stressed.

Mass Media.

The Department gained useful experience in the use of mass media in health education during the year. During the outbreak of typhoid fever in June/July the Medical Officer of Health, his Deputy and the Chief Public Health Inspector had the opportunity of holding press conferences and appearing on local and national television and radio networks. The Medical Officer of Health also took part in a B.B.C. sound broadcast on the control of hair-dressers and barbers shops.

IN SERVICE TRAINING OF STAFF

(Dr. A. R. Buchan).

Staff training continues and meetings for this purpose were held regularly throughout the year. During the early part of the year films were shown on various aspects of midwifery and the care of premature babies and infants.

Training was suspended during the hectic period and aftermath of the typhoid outbreak but rapidly got under way with a session on didactic methods of presenting 'smoking and health' to school children and a joint meeting with the police when four new films on road safety were shown and discussed. A further joint meeting was held with the hospital staff on the Control of Infection when films and an exhibition were seen.

The winter programme for 1963/64 was devoted to Mental Health and commenced with films, "To Serve the Mind," "The Long Way Back" and "Phenylketonuria". Members of the Welfare Department also attended.

Courses.

Refresher courses provide a further means of staff training and keeping abreast of modern development. Members of the Department attended the following meetings and conferences etc. in addition to those mentioned in another section of this report.

Civil Defence Course—Sunningdale.

Clean Air Conference—Scarborough.

Symposium on Mental Health—Society of Medical Officers of Health, London.

New Horizons in Health Education—Central Council for Health Education, London.

Course in Administration for Senior Medical Officers—London School of Hygiene.

Immunisation—Joint Meeting of Society of Medical Officers of Health and College of General Practitioners—Royal Victoria Infirmary, Newcastle upon Tyne.

Annual Conference N.A.M.H.—London.

R.S.H. Congress—Eastbourne.

Medical Exhibition—Guildhall, Newcastle upon Tyne.

Symposium on Bronchitis—Chest and Heart Association, Newcastle upon Tyne.

Staff Meetings.

Regular monthly meetings of the medical staff initiated in 1962 to discuss matters of policy, administration and clerical problems continued throughout the year.

A similar monthly meeting was held with the nursing staff. In addition regular meetings were commenced in 1963 with the heads of the nursing sections, so that communication between the different disciplines has been much improved.

LIAISON ARRANGEMENTS

(a) General Practitioner Service.

Pilot Scheme—Health Visitor Allocation to General Practitioners.

As indicated in the Annual Report for 1962, a Steering Committee of four general practitioners and the Medical Officer of Health

considered the implementation of a pilot scheme and with the approval of the Corporation and of the Local Medical Committee proposed that three health visitors be allocated on a part-time basis to three practices (single-handed, two-handed and three-handed respectively). After the health visitors and their deputies were selected and the three practices chosen, a meeting of all concerned was held to discuss arrangements following which the scheme was put into practice in May.

After some five months operation a further meeting of the participants was held to review progress. A total of approximately 114 referrals had been made by the family doctors and it was generally felt that the scheme was worth while. However, it was clear at this stage that it would be necessary to consider the best means of arranging for the health visitors to become fully responsible for the patients on the list of doctors rather than obtaining most of the required information at second hand from her colleagues. Up to this point the health visitor had really been acting in the role of a liaison officer.

In November the Health Services Committee agreed that the health visitors could spend up to 50% of their working week in connection with the scheme. This would enable them to carry out their proper function and towards the end of the year the appropriate arrangements were made so that the health visitors could carry out all the necessary visits themselves. One of the main difficulties which soon became apparent was the travelling time expended by the health visitor in reaching families living in any part of the town.

Approximately 190 referrals had been made by the family doctors at the year's end after almost eight months operation. The largest proportion of these, 56 (30%), were in connection with aged persons.

In one of the practices an explanatory leaflet was issued to patients on the doctor's list explaining the function of a health visitor and inviting the patients generally to consult the health visitor if they wished advice on any of the matters listed in the leaflet.

Communication with General Practitioners.

Apart from the daily routine inquiries made by family doctors to the department in connection with individual patients, a number of

circulars on a variety of matters were issued to all local general practitioners periodically throughout the year. In addition, health education posters on topics such as vaccination and immunisation, smoking and health, have been supplied on request.

Several practitioners have also attended in-service training meetings with Health Department Staff.

On a more general level, communication with family doctors is achieved through the attendance of the Medical Officer of Health at Meetings of the Local Medical Committee and of the Executive Committee of the local division of the British Medical Association. In addition, one representative from each of the Local Medical Committee and of the local British Medical Association are co-opted members of the Health Services Committee of the Town Council.

(b) Hospital Service.

Throughout the year there has been a series of regular meetings to discuss common problems with (a) the Consultant Paediatrician (Dr. R. D. G. Creery) and (b) the Consultant Chest Physician (Dr. P. M. Rooze). In addition occasional talks with the Consultant Venereologist (Dr. C. B. S. Schofield) have taken place. These informal discussions attended by the consultants concerned and the Medical Officer of Health and Deputy have been most fruitful.

It is however, with great regret that I record the death of Dr. C. W. Linfoot, Consultant Geriatric Physician with whom similar meetings had been instituted earlier in the year not long after his taking up his appointment in South Shields. Dr. Linfoot will be remembered as a young consultant who was much admired both in this department and by the community.

A significant development in 1963 was the allocation by the Newcastle Regional Hospital Board, of a consultant psychiatrist on a full-time basis to the South Shields Hospital Area. Dr. M. D. Cashman was appointed to the new post and at an early stage a series of meetings on the now accepted pattern was instituted.

In passing, I would like to record my gratitude for the way in which the consultants concerned have co-operated so wholeheartedly.

The various arrangements which have arisen from the meetings with the consultants and which were implemented during 1963 or earlier can be summarized as follows :—

Paediatrics.

(a) A weekly exchange of the paediatric registrar with a child welfare medical officer. The former conducts a child welfare clinic session each week and the medical officer concerned takes the place of the registrar at follow up clinic sessions for premature babies at the General Hospital.

(b) A health visitor accompanies the consultant on ward rounds once per week and another health visitor attends a weekly premature baby clinic.

Geriatrics.

(a) A health visitor accompanies the doctor on a ward round each week.

(b) In January 1964, a weekly geriatric follow-up clinic for discharged hospital patients was commenced at the Boldon Lane clinic and full details will be given in the Report for 1964.

Psychiatry.

A mental welfare officer attends a psychiatric out-patient clinic with the consultant on two sessions per week at the General Hospital.

For the sake of completeness, reference is made to the following additional links with the Hospital Services which also furnish useful channels of communication.—

For a considerable number of years the Medical Officer of Health has attended meetings on alternate months of the Newcastle Regional Hospital Board Liaison Committee for medical officers of health of the Local Health Authorities and of the officers of the Board.

A Control of Infection Committee is in existence under the aegis of the South Shields Hospital Management Committee. The Medical Officer of Health is a member but the committee is usually only convened when there is an appreciable outbreak of infection.

The Medical Officer of Health is also a member of the Maternity Liaison Committee for the South Shields Hospital area which was

first convened in 1961. This committee met on one occasion in 1963 to discuss the use of a standard Co-operation Card for Maternity Patients in accordance with the provisions of Circular 2/63.

Lectures on the Social aspects of Illness are given in the Ingham Infirmary and General Hospital to the student nurses who in extension of this particular training are taken over various sections of the Department and observe the domiciliary work of health visitors and district nurses.

After-Care.

Circular 3/63 issued by the Ministry of Health in March referred to the after care of patients discharged from hospital and recommended that officers be designated by the local health authority to co-ordinate the arrangements. In the light of past experience it was found impracticable to designate one officer for this purpose and an explanatory note was issued to all departments of the local hospital service listing the heads of each of the various sections of the Health Department, their functions and details of their availability..

HOME HELP SERVICE.

Mrs. A. Thompson, reports as follows :—

At the end of 1963 there were 2 full-time home helps working 42 hours weekly and 208 part-time working on average 26 hours weekly. During the year 58 home helps resigned, either for health or domestic reasons and 58 were engaged, of whom 15 had previous service in the Department. During the year there was no difficulty in obtaining staff and a waiting list was kept of suitably recommended applicants so that staff could be engaged promptly, especially in cases of emergency.

Home helps from each area telephoned the office daily between their cases and at different times during the morning. In this way it was possible to give other home helps working in the same area further instructions in an emergency, such as staff sickness, so that the cases who were normally receiving daily attention were not neglected.

During the year the supervisor and her staff paid 5,268 domiciliary visits in connection with assessment and allocation compared with 5,255 in 1962 and 3,636 in 1961.

The following table gives the total number of cases who have received home help service during the year with hours worked. The figures for previous years are included for comparison.

	1963	1962	1961	1960
Number of households attended	1,288	1,225	1,169	1,206
Number of hours worked	228,129	217,154	214,919	200,402

The above cases are only counted as one, although a majority had terminated and resumed on one or more occasions during the year.

Out of the weekly case load 200 received daily attendance from between 12 to 24 hours a week including Sundays and holidays. There was an increase of 10,975 hours worked during 1963 which was accounted for mainly by an increase of cases receiving daily attendances. The number of cases served during 1963 increased from the previous year by 44. Out of 394 applications for home help service, 296 were given attention. The 98 unsuccessful applications had daughters or relatives living nearby or the assessed charge was considered too high by the applicant. However many of this latter group were helped to make private arrangements for domestic work.

The 394 new cases in 1963 were referred to the home help service as follows:—

	1963	1962
Direct Application	169	128
Welfare Services Department	59	65
Mental Welfare Section	7	40
General Practitioners	90	36
Health Visitors	30	25
District Nurses	5	10
General Hospital	33	5
Education Department	1	1
	<u>394</u>	<u>310</u>

It is pleasing to note the increase in referrals from general practitioners which were more than twice that of 1962.

REASON FOR ATTENDANCE OF NEW CASES:

	1962	1963
Short Term illness	11	6
Long Term illness (under 65 years)	9	8
Aged Persons (65 years and over)	260	238
Maternity	20	29
Tuberculosis	1	1
Cancer	1	5
Mental Disorder	1	4
Child Care.....	7	5
	<hr/> 310	<hr/> 296

Neglected Cases.

Four cases with considerable accumulations of dirt, etc., received help during the year when home conditions were such as to require special cleansing efforts to make them habitable.

Night Attendance.

The service of 'night sitters' previously provided by the home help section on an informal basis was regularised during the year and details are given on page 77.

Maternity Cases.

During 1963 only 48 applications were received by the Department and of these, service was given to 29. Of those not receiving help, 5 made alternative arrangements and 14 refused the offer of assistance on financial grounds. Three of this latter group had complications of pregnancy.

MENTAL HEALTH SERVICES.

The Senior Mental Welfare Officer, Mr. W. Scott, reports as follows:

This year saw the further all round expansion of the Community Care Services provided for the mentally disordered, with a corresponding increase in the duties and functions of the Mental Welfare Officers. Fortunately the increase had been anticipated and an additional Officer was appointed in February.

Two outstanding events affecting the Service occurred during the year and already both have proved of benefit to patient and staff alike and have also served to bring about a much closer relationship between the Hospital and Local Authority Services.

The first of these events was the agreement of the Consultant Psychiatrists operating an out-patients clinic at the General Hospital to accept the services of a Mental Welfare Officer at their Clinic; the second, was the appointment to the General Hospital, in November, of Dr. M. D. Cashman, Consultant Psychiatrist. In the main, Dr. Cashman will be concerned with South Shields patients. He too employs a Mental Welfare Officer at his clinic and it is anticipated that as he proposes to increase the number of clinics held, further demands will be made upon the services of the Mental Welfare Officers.

Administration.

Policy is laid down by the Mental Health Services Sub-Committee of the Health Services Committee. It is composed of 15 members of the Health Services Committee and two co-opted members.

The staff consists of a Senior Mental Welfare Officer and three Mental Welfare Officers accommodated in Aston Street (near the Health Department). At the Training Centres there are two Supervisors and seven Assistant Supervisors.

Care and After Care.

Table M1, page 92, gives details by age and category of the referrals to the Mental Welfare Department during the year. In all 203 cases were referred to this section. The Mental Welfare Officers made 4,846 social and after-care visits, conducted 293 office inter-

views, made 85 Psychiatric Out-patient and Domiciliary appointments as well as arranging the admission of 15 patients to temporary care in order that their relatives might take a holiday. (Table M4, page 93).

TABLE M.2

APPOINTMENTS MADE WITH CONSULTANT PSYCHIATRIST.

(a) Psychiatric Outpatients Clinic.

The Mental Welfare Officers arranged the following Outpatients appointments :—

		Under 16		Over 16		Total
		M	F	M	F	
Subnormal	...	15	15	8	11	49
Mentally Ill	...	2	2	13	9	26
		<hr/>		<hr/>		<hr/>
		17	17	21	20	75
		<hr/>		<hr/>		<hr/>

(b) Psychiatric Domiciliary Appointments.

		Under 16		Over 16		Total
		M	F	M	F	
Subnormal
Mentally Ill	6	4	10
		<hr/>		<hr/>		<hr/>
		6	4	10
		<hr/>		<hr/>		<hr/>

TABLE M1.

MENTAL HEALTH ACT, 1959.

NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1963.

Referred by	Mentally ill				Psychopathic				Subnormal				Severely Subnormal				Totals				Grand Total
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
(a) General practitioners .	1	...	28	27	1	1	...	28	28	57
(b) Hospitals, on discharge from in-patient treatment .....	...	...	28	24	...	...	...	...	...	...	2	2	...	...	...	1	...	30	27	58
(c) Hospitals, after or during out-patient or day treatment .....	...	...	3	6	...	...	...	...	...	...	...	...	...	...	...	...	...	3	6	9
(d) Local Education Authorities	...	...	...	...	...	...	...	...	...	1	2	...	7	2	...	...	...	2	...	12
(e) Police and Courts .....	...	...	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	10	10	20
(f) Other Sources	1	14	22	2	...	4	3	1	3	1	18	25	47
(g) Total.....	1	1	83	89	...	...	...	...	2	1	8	6	9	2	...	1	...	91	96	203

Care in the Community.

The number of patients under care at home was 303 at the end of the year, an increase of 31 over the corresponding figure for 1962. The following table gives details by age and category.

TABLE M3—PATIENTS UNDER DOMICILIARY CARE on 31st December, 1963.

	MENTALLY ILL		SUBNORMAL		SEVERELY SUBNORMAL		TOTALS		Grand Total
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
Patients under domiciliary care on 31st December, 1963.....	— 1	50 74	4 2	35 33	30 21	32 21	34 24	117 128	303

Admission to Hospitals.

Table M3 gives details of hospital admissions arranged by the Mental Welfare Officers, for all categories of mental disorder.

TABLE M4.

	General Hospital South Shields		Cherry Knowle Hospital Ryhope		Prudhoe and Monkton Hospital		Total
	M	F	M	F	M	F	
Admissions:							
Informal	26	27	12	20	7	2	94
Section 29 (In Emergency)	8	6	9	8	...	...	31
Section 25 (For Observation) .	1	1	...	2	...	...	4
Section 26 (For Treatment) ....	...	...	1	...	...	...	1

Attempted Suicide.

In table M5 appears the first complete yearly record of persons brought to the notice of the Mental Welfare Officers as having attempted suicide. It will be seen from the table that the

taking of tablets of one sort or another is adopted as the “modus operandi” by the majority and that furthermore the incidence of attempted suicide is fairly evenly divided between the sexes.

Progress has been made towards the provision of hostels for the mentally disordered. A number of buildings have been inspected and psychiatric hostels operated by other Authorities have been visited. It is anticipated that early next year one property which has been inspected and which is eminently suitable for hostel purposes will be acquired and the necessary alterations and adaptations put in hand so that there is a possibility of a hostel being ready to take the first residents in 1964/1965.

TABLE M5.
ATTEMPTED SUICIDES FOR THE YEAR 1963, BY AGE AND SEX AND
NATURE OF ATTEMPT.

Under 16		Over 16		Total	
M	F	M	F	M	F
...	...	25	20	25	20
Nature of Attempt:				M	F
Overdose of tablets				20	19
Poisons, liquid				2	...
Poisons (coal gas)				1	...
Cut Wrists				2	1
				25	20

In view of the large number of attempted and successful suicides by drugs, the setting up of a Poisons Information Service under Ministry of Health Circular 16/63 is particularly timely.

Mental Subnormality.

Thirty cases were reported to the Local Health Authority mainly by the Education Authority. Of these 25 were placed under informal supervision, five admitted to hospital and 15 subnormals were admitted to hospital for temporary care to relieve relatives

Dr. George McCoull, Medical Superintendent, Prudhoe and Monkton Hospital, continued to hold a monthly clinic for the examination and supervision of the subnormal and we are indebted for his co-operation.

The numbers of subnormal patients in hospital by the end of the year were as follows:—

TABLE M6.

Hospital.	Males.		Females.		Total
	Under 16	16 and over	Under 16	16 and over	
Prudhoe and Monkton Hospital	19	59	10	45	133
General Hospital South Shields .....	...	24	...	...	24
Other Hospitals .....	...	4	...	6	10
Total	19	87	10	51	167

Training Centres.

The number on the register at the end of the year was 100, the maximum number for which the centres can cater at present. There was no waiting list for admission to either Junior or Adult Centres on 31st December, 1963.

The following table gives details of those attending by age, sex and degree of subnormality:—

TABLE M7—TRAINING CENTRES, 10 OAKLEIGH GARDENS, CLEADON VILLAGE.

	SUBNORMAL		SEVERELY SUBNORMAL		TOTALS		Grand Total
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16	
	M. F.	M. F.	M. F.	M. F.	M. F.	M. F.	
Numbers on register on 31/12/63	1 1	9 7	31 18	21 12	32 19	30 19	100

One assistant supervisor at the Junior Training Centre was successful in obtaining her Diploma for Teachers of the Mentally Handicapped. The Junior Centre continued to accept students from the National Association for Mental Health course for Teachers

of the Mentally Handicapped and visits to the Centre were made by student nurses from the Ingham Infirmary, General Hospital and the Monkwearmouth College of Further Education.

In October during his visit to the town Sir Bruce Fraser, Permanent Secretary to the Ministry of Health, inspected the Centres.

Great difficulty was experienced in progress with contract work for the adult centres mainly because of the unemployment situation. However the potential is there and meanwhile the curriculum for the Centres included such features for the adult women as country and ballroom dancing coupled with rhythmic movement to improve posture and general fitness, and training in the use of cosmetics. For the men there are now swimming sessions at the Public Baths, hairdressing and shoe-repairing. The gardening programme was highly successful producing an excellent crop of vegetables and tomatoes. It is hoped to appoint a qualified gardener to the staff in the coming year when it will be possible to increase the gardening project still further.

Child Guidance Clinic.

The work of the Child Guidance Clinic continued during the year although the department lost the services of Dr. G. S. Fiddler who emigrated to Australia. A full account is given in the annual report of the Principal School Medical Officer.

Part III

Infectious Disease

Notifications and Deaths.

Epidemiology.

Notes on Certain Infectious Diseases.

Typhoid Outbreak.

Hospital Admissions.

Laboratory Examinations.

Tuberculosis.

Venereal Disease.

NOTIFICATION AND INCIDENCE OF INFECTIOUS DISEASE

The appraisal of the health of the community depends inter alia upon the collection of certain essential statistics. One of the sources of statistical information is the notification of infectious disease and medical practitioners have been required to notify certain cases of infectious diseases to the Medical Officer of Health since 1899. Since that time numerous acts and regulations direct that certain communicable diseases are compulsorily notifiable.

The incidence of infectious disease during 1963 was 2,529 confirmed cases notified during the year compared with 829 in 1962.

Table A. gives the confirmed incidence of notifiable disease and deaths registered, classified according to age.

Table B. indicates the seasonal prevalence.

Table C. compares the notifications over the past ten years.

It will be seen from these following tables that the total confirmed incidence of notifiable disease varies mainly with the biennial measles epidemic.

Table A. Confirmed Cases and Registered Deaths of Notifiable Infectious Disease, 1963.

Notifiable Disease	AGE GROUPS																			
	All Ages		Under 1		1—2		3—4		5—9		10—14		15—24		25—44		45—64		65 and Over	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Scarlet Fever	69	..	..	..	5	..	..	..	45	..	1	..	..	..	..	..	..	..	..	..
Whooping Cough	84	..	..	..	23	..	..	..	29	..	1	..	..	..	..	..	..	..	..	..
Acute Poliomyelitis	2050	..	..	..	512	..	..	..	798	..	20	..	..	..	..	..	..	..	..	..
Measles .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenzal	26	19	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Primary	119	77	..	3	2	1	..	..	9	..	3	..	..	..	..	..	..	..	..	..
Dysentery	31	..	..	..	6	..	..	..	7	..	3	..	..	..	..	..	..	..	..	..
Smallpox .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever	24	..	..	..	..	..	..	..	2	..	5	..	..	..	..	..	..	..	..	..
Paratyphoid Fever .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infection	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Food Poisoning	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal pyrexia	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia neonatorum .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malaria	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis:	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Respiratory	103	3	..	..	3	..	..	..	19	..	2	..	..	..	..	..	..	..	..	..
Non-respiratory	9	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL	2529	100	125	3	551	1	..	668	909	..	36	..	30	..	52	1	92	20	66	75

Table B. Seasonal Incidence of Notifications, 1963.

Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	2	2	3	3	4	4	3	2	9	12	15	10	69
Whooping Cough	4	7	7	6	3	2	6	8	8	5	10	18	84
Acute poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	487	283	217	261	298	281	120	25	15	19	22	22	2050
Diphtheria .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia:													
influenzal .....	...	2	20	4	...	...	...	...	...	...	...	...	26
primary	10	28	43	12	4	1	...	2	8	2	3	6	119
Dysentery	2	4	7	...	1	1	...	1	...	3	5	7	31
Smallpox .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute encephalitis	1	...	...	...	...	...	...	...	...	...	...	...	1
Typhoid Fever .....	...	...	...	...	...	21	3	...	...	...	...	...	24
Paratyphoid fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	1	1	...	...	...	...	...	...	1	...	...	...	3
Meningococcal infection .....	...	...	...	...	...	...	...	...	...	...	...	...	1
Food poisoning .....	...	...	...	1	1	1	1	1	...	...	...	1	5
Puerperal pyrexia .....	...	...	1	...	1	...	...	...	1	...	...	...	3
Ophthalmia neonatorum .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria .....	...	...	...	...	...	...	...	...	...	1	...	...	1
Tuberculosis:													
respiratory	8	6	12	8	8	11	4	4	11	14	11	6	103
non-respiratory	2	2	2	...	...	...	...	...	...	...	2	1	9
TOTAL	517	335	422	295	320	322	137	43	53	56	68	71	2529

Table C. Comparative Notifications for the past ten years.

Disease	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Scarlet Fever	102	38	119	86	70	114	89	31	15	69
Whooping Cough	312	414	130	108	161	75	74	65	66	84
Acute poliomyelitis	11	1	5	2	1	1	1	2	...	...
Acute poliioencephalitis .....	...	...	1	...	...	...	...	...	...	...
Measles	1546	867	379	3218	36	2697	402	2074	494	2050
Diphtheria .....	...	...	...	...	...	...	...	...	...	...
Pneumonia: Influenzal	9	4	3	36	5	30	10	8	9	26
Primary	130	161	167	137	102	124	87	104	93	119
Dysentery	132	182	152	187	81	77	31	4	30	31
Smallpox .....	...	...	...	...	...	...	...	...	...	...
Encephalitis (infective and post infectious)	1	1	2	...	1	3	2	4	1	...
Typhoid fever	3	2	...	...	...	...	...	...	...	24
Paratyphoid fever	1	...	2	2	...	...	...	4	...	...
Erysipelas	26	22	13	15	15	9	11	2	2	3
Meningococcal infection	1	2	4	3	14	3	7	10	3	1
Food poisoning	9	27	26	12	14	12	1	36	4	5
Puerperal pyrexia	48	40	47	14	20	30	19	1	1	3
Ophthalmia neonatorum	4	1	2	4	7	1	...	1	2	...
Malaria	1	...	...	...	...	...	...	1	1	...
Pemphigus neonatorum .....	...	...	...	...	...	...	...	...	...	...
Tuberculosis: respiratory	176	178	150	158	147	132	100	78	93	103
non-respiratory	20	15	11	10	8	12	15	9	11	9
Total combined incidence	2532	1955	1213	3992	682	3350	849	2434	829	2529

Notes on Certain Infectious Diseases.

Scarlet Fever.

Confirmed notifications numbered 69 compared with 15 cases in 1962. More than half of the cases occurred during the last quarter of the year. Several of the cases were swabbed and the organism was reported to be Lancefield Group A haemolytic streptococci type M negative R 28 T 4. All the cases were mild and there were no deaths.

None of the children were admitted to hospital although the paediatrician reported a coincidental rise in other streptococcal infection.

Whooping Cough.

The number of accepted cases was 84 showing a slight increase over the 66 for 1962. As in previous years the number of children infected who were previously immunised was very small.

Age	Cases of Whooping Cough	Cases previously Immunised	Deaths
Under 1	12	—	—
1—2	23	1	—
3—4	18	1	—
5—9	29	1	—
10—14.....	1	—	—
15 and over	1	—	—
Total	84	3	—

Acute Poliomyelitis (including Polio-encephalitis).

For the second successive year there were no cases reported.

Measles.

The number of accepted cases was 2,050 compared to 494 in 1962. Most of the cases occurred in the first six months of the year. Some 60% of the cases were in children under school age. No deaths were attributed to this disease. The department and local general practitioners took part in an enquiry by the Public Health Laboratory Service into the complications of measles.

Diphtheria.

No cases of diphtheria were notified for the twelfth successive year.

Encephalitis.

One case of post infectious encephalitis in a woman of 33 years was notified, following influenza. She has since made an uneventful recovery.

Smallpox.

No case of smallpox had been notified in the town since 1932. The danger of cases being imported, especially in seaports, however still remains and 26 persons arriving from smallpox infected areas abroad were kept under surveillance by Health Department medical officers.

Meningococcal Infection.

One case in a boy of eleven months was notified during the year. Recovery was uneventful after treatment in hospital.

Enteric Fever.

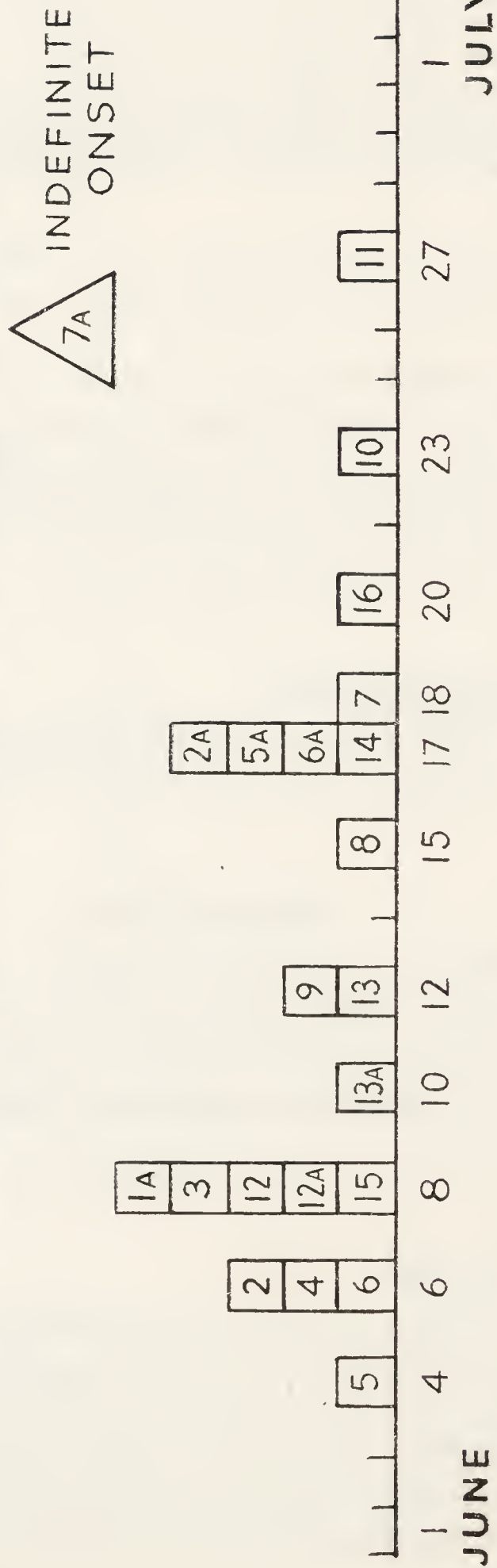
In 1941 typhoid and paratyphoid fevers were required to be notified separately. Since that time, the number of notifications in any one year has been limited to five or less sporadic cases, with the exception of 1949 when ten cases mainly paratyphoid were notified.

Typhoid Outbreak.

On Monday 17th June a boy of 14 years was reported from the Ingham Infirmary as a possible case of typhoid and a further suspected case, a girl of 14 years, was reported the following day from the General Hospital. These two suspects, both later confirmed as cases bacteriologically, heralded an outbreak involving 24 cases arising in June and July, all of whom were residents in South Shields.

Figure 1

DATES OF ONSET OF CONFIRMED CASES



The following table gives details of the cases by age, distribution and sex:

TABLE 1—AGE AND SEX DISTRIBUTION.

Age Group	Male	Female	Total
0—4 yrs.	—	1	1
5—9 „	—	2	2
10—14 „	1	4	5
15—19 „	—	2	2
20—24 „	—	1	1
25—29 „	3	—	3
30—34 „	—	1	1
35—39 „	—	—	—
40—44 „	—	—	—
45—49 „	1	3	4
50—54 „	—	2	2
55—59 „	1	—	1
60+ „	1	1	2
Total	7	17	24

In eight instances two cases arose within the same household and one other patient was connected by marriage.

All the cases were admitted to hospital, fourteen to Sheriff Hill Infectious Diseases Hospital, Gateshead, nine to Walkergate Hospital, Newcastle and one to the West Norwich Hospital. The illness in the cases whose onset arose after June 17th (see Fig. 1) including one symptomless case were classified by the clinicians as being slight or mild in severity. In all, the severity of the illness was classified as mild in seven cases, moderate in thirteen, and four patients including one case which relapsed after discharge necessitating readmission to hospital, severely ill.

Exhaustive epidemiological enquiries revealed the focus of infection to be a small but modern branch shop of a large national firm of supermarkets organised on self-service lines.

The shop was immediately closed to the public and the staff subjected to intensive bacteriological investigation. In all, four assistants were found to be excreting *Salmonella typhi*, and all the confirmed cases were eventually proven to be customers or had a definite connection with the shop.

Careful analysis of foodstuffs consumed by most of the cases revealed that corned beef and other processed meats which were kept together were a common factor. In the absence of any

positive proof, despite comprehensive investigation, that infection was brought to the shop by a carrier and in the light of retrospective evidence following typhoid outbreaks at Harlow, Bedford and Aberdeen, it must be presumed that the most likely source was an infected tin of imported meat. Several large tins of imported corned beef marked with the establishment number 25 had in fact been used in the shop prior to the outbreak and on subsequent sampling gave negative results.

The organism responsible which was isolated from all but three of the cases was sent to the Enteric Reference laboratory at Colindale and reported as a degraded Vi phage type unconnected with other recent outbreaks.

In passing, it is worthwhile recording that the staff of the shop in question which had figured in initial hygiene checks must have carried out the advice given with regard to personal hygiene and equipment maintenance; bearing in mind that four of the assistants were found to be suffering from the disease and that there were (by estimate) 2,500 persons at risk, some credit must be given for the fact that so few persons actually developed the disease.

After thorough cleansing under the supervision of a senior Public Health Inspector the shop reopened with new staff after a few days, and by mid-July the outbreak was considered over although all the cases were followed up for considerably longer and several were found to be excreting *Salmonella typhi* intermittently despite repeated negative stools prior to discharge from hospital.

Three hundred and twenty four notifications were received by the department during the period of the outbreak and the following summary of work carried out by the Public Health Inspectors who were made responsible for enquiries concerning all confirmed cases and likely suspects (and thus bore the main brunt of the outbreak,) indicates the pressure of work placed on the department. In this section alone 360 hours overtime were worked.

Total visits and interviews	1,114
Food premises investigated	41
Houses disinfected	36
Samples taken:	
Milk and food.....	52
Water	37
Sewer swabs	57
Swabs of utensils and surfaces	72

In addition visits were made on less firm suspects and some distant contacts by health visitors and other visits were made by the medical staff to suspects and cases at home and in hospital.

Great strain was placed also on the staff of the Area Laboratory at the General Hospital and the Public Health Laboratory Service at Newcastle and Sunderland who dealt with the following specimens:

Specimens of faeces for culture	1,606
Specimens of urine for culture	387
Blood samples for culture	81
Blood Samples for agglutination	78

It is pleasing to record that the outbreak was confined to the town, there being no spread to other areas.

Paratyphoid.

There were no cases of paratyphoid during the year.

Food Poisoning.

Of the 51 suspected cases reported to the Health Department only seven were subsequently confirmed as food poisoning. In addition there were two suspected outbreaks of food poisoning.

Summary of Cases:—

Case 1. A female aged 18 months had been under medical care for some time before notification. Her mother was a nursery nurse and was found to have had similar symptoms earlier in the year although examination of faecal specimens had been consistently negative. *Salmonella lille* was isolated from the child.

Case 2. A baby aged 10 days with spina bifida was notified from the South Shields Maternity Hospital following a routine check. *Salmonella typhi-murium* was isolated.

Case 3. A male infant of three weeks was notified from the paediatric ward of the South Shields General Hospital where he had been admitted because of failure to thrive. *Salmonella typhi-murium* was isolated.

Case 4. A boy of 13 years was reported ill on arrival at a Boy's Brigade Camp. *Salmonella typhi-murium* was isolated from his stools.

Case 5. A girl of 4 was found to have *Salmonella eastbourne* in her stools when checked as a typhoid carrier.

Case 6. A male aged 32, an ice-cream salesman, was investigated during the typhoid outbreak because of intestinal symptoms. After a prolonged stay in hospital *Salmonella enteritidis* was isolated from his stools.

Case 7. The wife of case 6 also with intestinal symptoms was investigated at the same time and found to have *Salmonella menston* in her stools.

Outbreak of food poisoning due to infected fish cakes.

In April a small outbreak of food poisoning occurred on Wednesday 3rd April when two adults and six children from four families were admitted to hospital within 2-3 hours of eating fish cakes. Samples received from both retailers and from the wholesaler were submitted for bacteriological testing at the Public Health Laboratory in Sunderland and a heavy infection of coagulase positive staphylococci (phage type 7/54) was reported on direct smear.

No positive results were obtained from specimens of faeces and vomit from the patients and rectal swabs were also negative. All recovered after treatment.

Further investigation at the place of manufacture in North Shields by the Tynemouth Public Health Department revealed a nasal carrier and much of the equipment was found to be contaminated.

Outbreak of food poisoning in a local factory.

Four women all belonging to the same work group who had had a special late lunch of corned beef hash and pease pudding on the afternoon of May 15th took ill. Faecal specimens from the affected persons and the canteen staff gave negative results as did samples of raw peas.

Dysentery.

Two hundred and five suspected cases were reported and investigated, many during the period of the typhoid outbreak.

Thirty one of these were confirmed bacteriologically of which nine were treated in hospital. There were no deaths.

Infective Hepatitis.

Although notification is on an informal basis only, seven cases were reported to the Health Department, all of school age. None required admission to hospital.

Weil's Disease.

A female clerk aged 20 in the Health Department collapsed on Saturday 4th May with fever, rigors and vomiting and was subsequently jaundiced. Leptospirae were cultured from the blood stream. After a prolonged illness she completely recovered and returned to work. The mode of infection was not discovered.

Hospital Treatment.

During 1963, 71 cases of notifiable infectious disease belonging to South Shields were treated in hospitals, as under:—

	Ingham Infirmary	South Shields General Hospital	Havelock Hospital, Sunderland	Walkergate Hospital Newcastle	Sheriff Hill Hospital	West Norwich Hospital	Total
Pneumonia	3	25	...	...	...	...	28
Dysentery	2	4	3	...	...	...	9
Meningococcal infection ...	...	1	...	...	...	...	1
Food Poisoning.....	...	7	...	...	...	...	7
Encephalitis	1	...	...	...	...	...	1
Enteric fever .....	...	...	...	10	13	1	24
Malaria .....	...	1	...	...	...	...	1
	6	38	3	10	13	1	71

In addition, ten patients were admitted to hospital suspected to be suffering from infectious diseases which were not confirmed on subsequent diagnosis. This excludes suspects admitted to hospital at the time of the typhoid outbreak.

Laboratory Examinations.

The following is a list of pathological examinations carried out in various laboratories for the Public Health Department:

Routine:	P.H. Laboratory Newcastle	P.H. Laboratory Sunderland	Area Laboratory S. S. General Hospital	Total
Ear, nose and throat swabs	5	—	10	15
Faeces	791	2	3	796
Urine.....	7	—	—	7
Blood complement fixation tests	3	—	—	3

Details are given on page 107 of specimens submitted during the typhoid outbreak as these are not included in the above figures.

TUBERCULOSIS

The Consultant Chest Physician for South Shields, Dr. P. M. Rooze, reports as follows:

Tuberculosis still remains a problem not only in South Shields, but on the whole of Tyneside. Notifications were, in actual fact, up on the 1962 figures although this can be accounted for by the increased number of notifications among the school entrants; the increase in 1963 from this group was actually 9. This notification of school entrants has provided quite a number of problems, firstly in the criteria of notification, thus the policy adopted here has been to notify and treat only those with either a very strongly positive tuberculin reaction or with some radiological abnormality. Secondly, it has provided another problem in the amount of work entailed because, if done properly, it means seeing not only the positive reactors among the school entrants but also their contacts and although this has provided a lot of extra work, it has proved of some value in that one acute case of infectious tuberculosis was picked up as a result of this scheme.

The rate of contacts seen and contacts notified still remains very high in this area, proving the value of intensive contact tracing. The general picture of tuberculosis, however, is much more satisfactory; most of the cases now seen are acute lesions which, while being infectious, are proving very amenable to chemotherapy and consequently their stay in hospital is much shorter and the rate of sputum conversion and cure is very much higher. Furthermore, the number of resistant infectious cases has gone down from 27 to 9; this of course is a very important factor in that the reservoir of chronic infectious cases is very much lower and I have high hopes that this figure could be reduced even further.

As regards the non-tuberculous work of the Chest Clinic, this is increasing all the time and the numbers with carcinoma particularly have increased quite remarkably. Apart from carcinoma there has been, of course, a very large increase in the amount of non-tuberculous work which is now covering every aspect of chest medicine.

As to the future of the Chest Clinic, I think this should be integrated more and more with the general out-patient department of the hospital.

Incidence of Tuberculosis:

Number of South Shields residents on the tuberculosis notification register on 1.1.1963.....	543
Cases notified during 1963	112
Non-notified fatal cases	3
Notified posthumously	—
Cases re-admitted to register	13
Inward transfers	3
	<hr/> 674 <hr/>

Cases Removed from Register:

Deaths from tuberculosis or other cause	7
Left the Town	6
Two years untraced	—
Three years free (non-respiratory)	16
Five years free (respiratory)	180
Wrong diagnoses or notifications withdrawn....	5
	<hr/> 214 <hr/>

Number of cases on register at end of 1963..... 460

This shows a decrease of 83 cases on the corresponding figure for 1962.

Age and Sex of Cases on Notification Register as on 31st December,1963.

Age Groups	MALES		FEMALES		Total
	Respiratory	Non-respiratory	Respiratory	Non-respiratory	
0- 4 years	6	1	5	...	12
5- 9 years	11	...	24	...	35
10-14 years	5	...	10	1	16
15-19 years	8	1	8	...	17
20-24 years	15	3	21	1	40
25-29 years	13	2	20	8	43
30-34 years	5	...	15	3	23
35-39 years	21	3	16	3	43
40-44 years	19	2	14	2	37
45-49 years	18	2	9	1	30
50-54 years	23	2	13	1	39
55-59 years	33	...	9	1	43
60-64 years	23	...	5	...	28
65-69 years	21	...	5	1	27
70-74 years	15	...	5	...	20
75-79 years	4	...	2	...	6
80-84 years	1	...	...	...	1
Totals	241	16	181	22	460

Notifications.

During 1963 there were 112 cases notified as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Respiratory	50	53	103
Non-respiratory	2	7	9

Age Group	Respiratory		Non-respiratory	
	Male	Female	Male	Female
Under 1 year	1	...	...	...
1+ years	1	...	...	...
2— 4 years	1	9	...	...
5— 9 years	4	15	...	...
10—14 years .....	...	2	...	...
15—19 years	2	3	...	...
20—24 years	3	2	1	1
25—34 years	8	6	1	5
35—44 years	5	4	...	1
45—54 years	6	8	...	...
55—64 years	13	2	...	...
65—74 years	6	2	...	...
75+ years .....	...	...	...	...
Total	50	53	2	7

The notification rate was 1.02 per 1,000 of the population—0.94 respiratory and 0.08 non-respiratory.

The number of cases of tuberculosis notified or ascertained during each of the past ten years is as follows :—

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Notified:—										
Respiratory	176	178	148	158	147	132	100	78	95	103
Non-respiratory.....	20	15	10	10	8	12	15	9	11	9
Not Notified:—										
Respiratory	2	2	2	3	1	2	...	...	4	3
Non-respiratory.....	1	...	1	...	...	3	...	...	...	...
Total	199	195	161	171	156	149	115	87	110	115
Notification Rate	1.85	1.81	1.49	1.58	1.44	1.37	1.06	0.79	0.97	1.02

A comparison of the notification rates for the neighbouring authorities is as follows :—

	<i>Per 1,000 Population</i>
South Shields	1·02
Gateshead C.B.	0·83
Sunderland C.B.	0·67
Newcastle upon Tyne	0·56
Tynemouth C.B.	0·84
Durham County	0·42
Northumberland County.....	0·53

Mortality.

Tuberculosis caused 4 deaths during 1963: 3 respiratory and one non-respiratory, all occurring in persons over 55 years of age.

This represents a death rate of 0.03 per 1,000 of the population, compared with 0.16 for 1962.

The death rate South Shields from tuberculosis during the past ten years was as follows :—

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Respiratory	0·32	0·20	0·17	0·17	0·16	0·09	0·06	0·09	0·15	0·02
Non-respiratory.....	0·03	0·02	0·02	0·02	0·01	0·03	...	0·01	0·01	0·01

The following table shows the death rates of neighbouring authorities, from all forms of tuberculosis :—

	<i>Per 1,000 Population</i>
England and Wales	0·063
South Shields	0·03
Gateshead C.B.	0·13
Sunderland C.B.	0·09
Newcastle upon Tyne	0·049
Tynemouth C.B.	0·05
Durham County	0·065
Northumberland County.....	0·06

Routine Heaf Testing and B.C.G. Vaccination in School Children.

A full account of the tuberculin testing (and where necessary vaccination with B.C.G.) of contacts, school children and students is given in my report on the Health of School Children 1963.

In all, 213 contacts, 1,911 school children (12 and 13 years old) and 3 students were found to be tuberculin negative and vaccinated with B.C.G. Three hundred and thirty-three school children were found to be tuberculin positive, i.e. 14.8 per cent of the total tested and read. All were referred for X-ray and of the 330 who attended four were found with abnormal conditions and were kept under observation at the chest clinic.

Mass Radiography.

The mobile Unit, M.M.R. Unit No. 2 (Northumberland) visits the town on the first four week days of every month and in addition pays visits to local factories and the Marine and Technical College as necessary. The following table summarises the work carried out during 1963.

Source of Examinees	Number X-rayed.		Referred to Chest Clinic		Active Cases Notified	
	M	F	M	F	M	F
Doctor's Patients	700	653	72	42	9	5
Industrial Groups	980	973	20	15	—	4
General Public.....	966	1344	27	28	3	1
School Children (Heaf Positive)	170	138	2	8	1	2
Total	2816	3108	121	93	13	12

It will be seen that for the number of X-rays done the greatest yield is from the referrals by general practitioners. In addition to the 25 cases of active tuberculosis found, 12 cases of dust diseases were discovered and 19 cases (16 male and three females) with suspected malignant lung.

Rehousing on Medical Grounds.

The families of tuberculous patients whose home conditions are such as to interfere with the proper treatment and control of spread of infection may be rehoused as a priority. Since the inception of

this scheme, 247 houses have been allocated by the council in this way following recommendations by the chest physician and the Medical Officer of Health. During 1963, six such allocations were made. Many other families in which there is a case of tuberculosis have been recommended for an extra allowance of points under the council's "points scheme" which gives some measure of priority on the housing list.

VENEREAL DISEASES

I am indebted to Dr. C. B. S. Schofield, Physician in Charge of the Venereology Services in South Shields for the following report :—

The numbers of new patients in 1963 (472) is similar to that of the previous year (488) and, in fact, this year there is little change in any of the statistics for venereal diseases from this Clinic.

There were five new cases of contagious syphilis as compared with two in 1962, three in the early part of the year can be traced back to the promiscuous woman mentioned last year; the other two infections were acquired outside the borough, one abroad. No young persons were infected, they were all aged 25 years and over. Twelve cases of late syphilis (13 in 1962 and 12 in 1961), shows a consistency and reflects a persistent awareness of the disease among the doctors in the area. One patient, from outside the Borough, was found through the routine ante-natal blood tests done at the Maternity Department of the South Shields General Hospital. The patient is now well established under treatment, the baby delivered, tested and found healthy. Our ability to treat the mothers and prevent the birth of a diseased baby makes worthwhile all the time and trouble which routine ante-natal blood testing involves.

Once more the figures for gonorrhoea in male patients have dropped (73 in 1962, 66 in 1963) while those for females remain about the same (46 in 1962, 42 in 1963). The drop in numbers of male patients can be traced to the increase in numbers of seamen being treated for urethritis on board ship. That there is a gap due to the prior treatment for males suffering from gonorrhoea is confirmed by examining the numbers of patients with non-gonococcal urethritis (62 with urethritis alone plus two with associated arthritis). For the country as a whole there is a higher incidence of

male gonorrhoea than non-gonococcal urethritis, therefore we have a deficiency of at least 20 cases. Of those attending for causes other than venereal disease, the figures for those requiring treatment have almost reached parity with those attending for re-assurance alone (137 as compared with 139), because of a drop in the latter from 159 in 1962. Among those attending for treatment were five men and three women suffering from scabies, and three men and four women with phthirius pubis infestation, there is therefore no decline in the figures of last year but there is no evidence of any large outbreak.

In the field of contact tracing the combined social services of the Clinic and the Health Department in the past year have identified two patients with contagious syphilis and 30 patients with gonorrhoea, who have been either brought to this or other Clinics in the area for treatment. A further six patients with other infectious conditions have been brought for treatment. The Social Worker interviewed all 66 men with gonorrhoea, six of whom named two consorts, making 72 namings in all. Twenty-six were overseas, or out of the area, four were unknown, three were referred and treated at other Clinics and 37 were named in South Shields. Two women, named once, did not co-operate but two, named thrice, five, named twice, and 19, named once, 26 patients in all, did so. These women attended on 18 occasions after visits by the Social Worker, were brought by their consorts on eight occasions (one woman brought her male consort), 15 came of their own accord and one was referred by her General Practitioner. With regard to case holding of the patients suffering from syphilis, 36 efforts (letters or visits) were made to women and 25 to men; 28 and 15 respectively were effective. Similarly eight and six efforts were made to women and men with gonorrhoea; eight and four respectively with effect.

From the new Annual Return, V.D. (R) to the Ministry of Health, it will be seen that only discharges from the Clinic are noted, transfers being considered equal to default as in many cases they are. Furthermore, the age groups and the numbers of individual patients, as well as the numbers of infections of those with contagious syphilis and gonorrhoea are now recorded. These show that all the patients with syphilis were in the age group 25 years and over, while five patients were responsible for the ten infections of gonorrhoea among female teenagers, and that in all 26 women accounted

for the 42 cases of gonorrhoea. This shows that few young people are being infected and the infections are mainly contained in a highly promiscuous group of women.

There has been a fall in the total attendances in 1963, (2,948 as compared with the 3,175 in 1962) and this can be accounted for by a drop in the attendances of female patients with syphilis, which is due to the decrease in the numbers of those patients attending the Clinic and in male and female patients with gonorrhoea, the former defaulting during surveillance and the latter due to re-infection in many cases, cutting short the surveillance before the three months is up.

Estimated attendance of South Shields residents.

Of the 352 patients giving South Shields addresses, who attended South Shields Clinic in 1963, 52 were Merchant Navy men whose ships were in South Shields docks and a further 24 were in lodgings in the County Borough. Similarly, six of the men attending Tynemouth Clinic, giving South Shields addresses, were Merchant Navy men whose ships were in South Shields docks, none were in lodgings.

The following table shows in detail the cases dealt with at the South Shields centre for the first time during each of the past ten years.

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Syphilis	32	18	22	14	14	13	8	19	15	17
Gonorrhoea	94	70	57	85	82	54	64	127	119	108
Other Conditions	352	276	259	302	232	193	195	245	354	347
Total	478	364	338	401	328	260	263	391	488	472

The following table shows the attendance at the South Shields centre during the past 10 years:—

Year	Total	Male	Female
1954.....	5,769	2,763	3,006
1955.....	4,370	1,948	2,422
1956.....	4,484	2,198	2,286
1957.....	4,209	2,389	1,820
1958.....	3,288	1,788	1,500
1959.....	2,713	1,313	1,400
1960.....	2,323	1,331	992
1961.....	2,458	1,561	897
1962.....	3,175	2,081	1,094
1963.....	2,948	2,024	924

Total cases treated at the South Shields centre during 1963 including cases who had continued treatment from 1962:—

	Male	Female	Total
Syphilis	38	56	94
Gonorrhoea	86	55	141
Other Conditions ...	311	84	395

Disposal of Cases.

	Syphilis		Gonorrhoea		Other Conditions	
	M	F	M	F	M	F
Under treatment or observation, 1/1/63	29	48	15	13	34	7
Transferred from other centres ...	...	...	5	...	7	...
New Cases	9	8	66	42	270	77
Completed Treatment	2	...	54	44	218	71
Transferred elsewhere.....	8	...	20	1	42	...
Not completed treatment.....	6	10	5	3	10	4
Under treatment or observation, 31/12/63	22	46	7	7	41	9

South Shields Cases under treatment at other centres.

	<i>Syphilis</i>	<i>Gonorrhoea</i>	<i>Other Conditions</i>	<i>Total Cases</i>
Newcastle upon Tyne	2	35	37
North Shields	3	9	12
Sunderland	2	9	11

Part IV

Environmental Hygiene

Report of the Chief Public Health Inspector.

Water Supply, etc.

Housing.

Food and Drugs Control.

Atmospheric Pollution.

Provisions of Factories Acts.

Rodent and Pest Control.

ENVIRONMENTAL HEALTH SERVICES.

The annual report of the Chief Public Health Inspector, Mr. R. V. Robinson, M.A.P.H.I., Cert. R.S.I. & S.I.E.J.B., Certs. R.S.I. (Meat & Other Foods) (Smoke) (Sanitary Science).

Water Supply.

An adequate and constant supply of chlorinated water is provided by the Sunderland and South Shields Water Company and chemical and bacteriological reports show the supply to be wholesome.

All houses in the town have a piped supply though some houses in scheduled clearance areas have only a stand-pipe in the yard.

TYPICAL ANALYSIS OF THE WATER SUPPLY

Physical Characteristics

Colour (Hazen)	Less than 5°
Turbidity	Nil.
pH.	7.5

CHEMICAL ANALYSIS (Expressed in Parts per Million)

Dissolved Oxygen 13°	8.6
Free CO ₂	15.9
Alkalinity (CaCO ₃)	222.2
Chlorides (Cl)	40.4
Ammoniacal Nitrogen	0.008
Albuminoid Nitrogen	0.016
Nitrite as Nitrogen	Nil.
Nitrate as Nitrogen	0.20
Oxygen Absorbed (3 hrs. at 37°C.).....	0.44
Temporary Hardness	222.2
Permanent Hardness	63.5
Total Hardness	285.7
Total Solids (dried at 180°C.).....	426.0
Suspended Solids (dried at 105°C.)	—
Calcium (Ca)	68.6
Magnesium (Mg)	27.7
Carbonate (CO ₃)	133.3
Sulphate (SO ₄)	91.9
Silica (SiO ₂)	5.0
Free Chlorine	Less than 0.05
CaCO ₃	171.4
MgCO ₃	42.8
MgSO ₄	76.5
Na ₂ SO ₄	45.5
NaCl	66.7

FLUORIDE CONTENT

Until a few years ago the sources of the towns water supply were mainly deep wells, and the fluoride content was about 1·0 part per million. In more recent years water from other sources, with a lower fluoride content, has been added to the supply so that the figure is now somewhat lower as shown in the details given below. It is possible that a further reduction will occur when the Derwent reservoir is completed and water from this source is included in the supply.

Since water from different sources may be in different parts of the distribution system at varying times the fluoride content of the water at any point in the system may also vary from time to time but the average fluoride content of the town's water supply based on these samples is 0·177 parts per million.

Recent analysis of fluoride content of the supply taken at various points in South Shields is given below:—

Sea Hotel	0·2 p.p.m.
Hyperion Avenue	0·3 p.p.m.
Sunniside Drive	0·13 p.p.m.
Water Company Office	0·2 p.p.m.
Prince Edward Road	0·13 p.p.m.
Westoe Drive	0·13 p.p.m.
South Eldon Street	0·15 p.p.m.

BACTERIOLOGICAL SAMPLE RESULTS

	No. of Samples	Free from Non-Faecal Organisms	Free from Faecal Organisms
Wells and other sources (before chlorination)	1,144	97·3 %	94·1 %
Reservoirs	352	98·8 %	100 %
Consumers Taps	709	100 %	100 %

In addition to the above samples taken by the Company, a further 131 samples were taken by the Department from various points in the town. Many of these were taken during investigations into an outbreak of typhoid fever in the town and they all proved to be satisfactory.

Drainage and Sewage Disposal.

The combined system of drainage is used in the town with soil and surface water discharging directly into the River Tyne and sea. In conjunction with the other riparian Authorities, the Corporation is continuing its support of an investigation into methods of dealing with the consequent pollution of the river.

Drainage defects necessitated 228 visits during the year; repairs or renewals were supervised in 37 instances and 132 tests were applied.

Swimming Baths.

The Borough is served by one public swimming bath which was first opened in 1906. Major improvement works to the structure and equipment were carried out during 1960 since when a satisfactory water quality has been maintained.

The chloride residual, pH and alkalinity of the water are measured twice daily by the Manager and are also checked when samples of water are taken for bacteriological examination; 96 samples were taken during the year for this purpose and all were satisfactory.

Pet Animals Act, 1951.

Five licences were granted during the year for premises and Market place stalls to be used for the sale of pet animals. One shop previously licensed, closed at the start of the year and renewal of the licence was not sought.

Thirteen visits were paid to the premises during the year and 2 minor contraventions were remedied on being brought to the notice of the licence holders.

Rag Flock and Other Filling Materials Act, 1951.

Two premises in the Borough are registered for the use of specified filling materials in bedding and upholstery. Each has been visited twice during the year and 3 samples of filling materials have been taken; conditions were found to be satisfactory and the samples were reported to meet the requirements of the Rag Flock and Other Filling Materials Regulations.

Fertilisers and Feeding Stuffs Act, 1926.

Twenty-one samples of fertiliser have been taken in 1963; 2 of them being formal samples. Three informal samples and the two formal samples were reported unsatisfactory. Of the three informal samples so reported there was insufficient stock in 2 instances to permit a formal sample to be taken and cautions were issued in each case. The third unsatisfactory sample was followed by 2 formal samples taken from the same retailers premises. When they too were reported unsatisfactory, investigations elicited the fact that the parcels from which the samples were taken had been erroneously labelled at the wholesalers with statutory particulars properly applicable to another product. The wholesaler was cautioned by the Council.

Food Poisoning and Notifiable Diseases.

Investigations into notified cases of food poisoning and some of the infectious diseases are made by Public Health Inspectors. Although mostly routine there were two incidents during 1963 which were of a different nature. The first occurred over the Easter weekend when a number of people were affected by staphylococcal food poisoning caused by consumption of infected fish cakes. (See page 108). The fish cakes though not manufactured in South Shields were distributed by three traders in the town. Two of these were mobile and had to be sought for both inside and outside the Borough boundary. Though the cause and source of this outbreak were quickly discovered it pointed to the need for investigating staff to be at least equally mobile as present day traders.

In June there occurred the typhoid outbreak (see page 103). Investigations and visits in connection with this continued for over 4 months. In the early stages these caused almost complete disruption of normal duties and over-all a tremendous backlog of work resulted, some of which still remains.

The greatest pressure was during the first two weeks of the outbreak, by the end of which time the source of trouble had been located. During that period the number of investigations and

visits made was 667; 36 households were disinfected; 64 samples of food, milk and water were obtained; 72 surface swabs and 17 sewer swabs taken. In addition 1110 stool specimens and 306 urine specimens were obtained from suspect cases and contacts.

This output of work was only made possible despite 360 hours overtime worked by inspectors during this period, by making use of the private cars of 4 inspectors. These were willingly brought into use by the owners, who later received an *ex gratia* payment from the Council based on the rate of a casual users car allowance.

The value of this transport cannot be gauged simply by the fact that a very much greater output of work was obtained from those inspectors using cars: some of the tasks which were necessary at this time could not have been managed without them, e.g., the carrying of large quantities of specimen containers and the seeking out of mobile ice cream venders and other food vehicles for sampling purposes.

These two incidents in the year clearly indicate the need for the Department to be geared to meet emergencies and in present times this must include the provision of adequate transport.

It was fortunate too that at the time of the typhoid outbreak the Department was short of establishment by only one inspector, this being a far better position than had been enjoyed for some years. The fact that such emergencies can arise at any time illustrates the need for staffs to be continuously maintained at full strength.

HOUSING

Work in this field continues to take up a great deal of the Public Health Inspectors' time. A total of 2,293 inspections and visits were made during the year for various purposes including repair, improvement, slum clearance and overcrowding and a further 231 in connection with boarding houses and houses in multiple occupation.

New Houses.

Five hundred and forty nine new dwellings were completed during the year and they comprised the following types:—

Private

- 1 Semi-detached (2 Bedrooms).
- 1 Semi-detached (3 Bedrooms)
- 1 Detached (3 Bedrooms).

Corporation Dwellings

2 Bedroomed Terrace	244
3 Bedroomed Terrace	129
3 Bedroomed Semi-detached	20
1 Bedroom Flats	100
1 Bedroom Bungalows.....	41
2 Bedroomed Bungalows.....	14
Total	<hr/> 548 <hr/>

The dwellings have been erected in the following areas:—

Private

- 13, Cauldwell Villas.
- 32, The Broadway
- Site No. 1 Glenhurst Grove.

Corporation Dwellings

Simonside Estate—Section 10	142
Whiteleas Estate	299
Brinkburn (Reading Road Dev)	107
Total	<hr/> 548 <hr/>

The total of inhabited dwellings in the Borough at the end of 1963 was 36,604.

Fair Rents Information Bureau.

The following statement by the Borough Treasurer summarises the work of the Bureau during 1963:—

Forms 'G' sold to Tenants	68
Enquiries by Landlords <i>re</i> correct Rent chargeable, notices to quit, etc.....	272
Enquiries by Tenants <i>re</i> correct Rent chargeable, notices to quit etc.	170
Furnished accommodation—cases heard by Tribunal	8
	<hr/> 518 <hr/>

Slum Clearance.

The following areas were represented during the year:—

Area	Date	Persons	Dwellings	Families
High Shields No. 7	10.4.63	297	102	101
Edith Street	9.10.63	592	229	228
Totals		889	331	329

Compulsory Purchase Orders containing the following clearance areas were confirmed:—

Area	Date confirmed	Date of Public Inquiry	Date represented
Brodrick Street	2. 9.63	26. 2.63	8. 5.62
Challoner Grove Nos. 1 & 2	10. 5.63	26. 2.63*	8. 5.62
Green Lane Nos. 6, 7 & 8.....	12.12.63	24. 7.63	10.10.62
Wilkinson Street	13.12.63	24.7.63	10.10.62
John Williamson Street No. 2.....	29.10.63	20. 8.63*	5.12.62

*No Inquiry was held for these areas but an inspection by the Minister's Representative was made on the date shown.

Individual Unfit Houses.

In addition to those dwellings included in clearance areas a further 15 dwellings were represented individually as being suitable only for closure or demolition. Closing or demolition orders were made or undertakings accepted by the Council in each case and the families affected comprising 31 persons were rehoused by the Council.

Overcrowding.

Complaints of overcrowding numbered 13 and overcrowding was confirmed in 8 instances. Those cases not already known to the Housing Manager were brought to his notice so that the appropriate number of points could be allocated.

Rent Act, 1957—Certificates of Disrepair.

The following are details of applications considered under the Act during the past year. Totals of applications dealt with since the Act came into force (July 1957) are also shown:—

	1963	1957-1963 <i>inclusive</i>
Applications for Certificates of Disrepair	8	593
Applications refused or withdrawn	1	41
Notice given of intention to issue Certificate	7	552
Undertakings accepted by Council	4	438
Certificates of Disrepair issued	3	102
Applications for cancellation	—	56
Granted without objection by tenant	—	46
Granted after objection by tenant	—	5
Refused	—	5
Application for certificates relating to compliance with undertakings :		
From landlords	10	100
From tenants... ..	1	70

Improvement Grants.

A total of 77 applications for grants have been considered. Of this total 26 were for standard grants of which 24 were approved and 51 were for discretionary grants of which 49 were approved.

Seamen's Lodging Houses.

There are no common lodging houses in the town but a number of seamens lodging houses are registered under the Merchant Shipping Acts and provide accommodation for seamen.

Three licences were transferred during the year but the number of licensed seamens' lodging houses remains at 13 and these provide sufficient accommodation for 141 lodgers. Seventy two inspections were made during the year for the purpose of ensuring compliance with the byelaws and that conditions were otherwise satisfactory.

Ten verbal and 5 written notices were given in respect of contraventions which were subsequently remedied.

Houses in Multiple Occupation.

In this field efforts during the year have been directed toward securing informal agreement with landlords as to the improvements or other changes necessary in each house to ensure conformity with the required standards.

In order to obtain a speedy and satisfactory conclusion to the initial stages of this work a Senior District Inspector was charged with the responsibility for carrying out the inspections and subsequent interviews to the exclusion of other duties. Unfortunately he left the town to take up another appointment before the middle of the year and five months elapsed before the staff position and pressure of other duties enabled this work to be taken up again. In consequence, much of the information obtained from the inspections was no longer accurate and the work had to be done over again. Fifty houses had been involved but the owners or occupiers of 16 of these have subsequently reduced the number of tenancies so that the houses are no longer within the scope of the Regulations.

The remaining 34 houses contained 140 separate lettings and 205 rooms occupied by 205 adults and 36 children. Of the 34 houses, a satisfactory standard has been attained in 5; for a further 20 houses informal agreement has been reached with the owners as to the best method of obtaining satisfactory conditions; in a further one house formal action has been recommended—this includes formal notice to provide additional facilities and also the imposition of a Management Order. It is anticipated that formal action may prove necessary to obtain results in a few further instances.

The agreements reached will include a reduction in the total number of occupants by 61. This is not to be achieved by eviction but only as a result of the normal relinquishment of tenancies.

Barbers and Hairdressers Premises.

Following a survey of these shops in 1962 the Council resolved to make byelaws as empowered by the Public Health Act, 1961. Confirmation of the byelaws had not been received by the end of the year.

FOOD AND DRUGS CONTROL

Control is exercised over the whole range of production, manufacture and distribution and retailing of food to ensure the public receive pure wholesome food. Premises and personnel must satisfy standards of hygiene imposed by regulations and foodstuffs and drugs must conform to various orders relating to composition, preservation, colouring and labelling.

Control is exercised by the inspection of food premises of all kinds, by inspection of foodstuffs and by the sampling of foodstuffs and drugs for chemical or bacteriological examination.

Sampling for Chemical Analysis.

A total of 202 samples was taken for chemical analysis by the Public Analyst; the total included 99 samples of milk, 85 samples of other foods and 18 samples of drugs. 34 of the samples were taken in accordance with the formal procedure; 27 of these being samples of milk, including 7 "appeal to cow," and the other 7 formal samples being other foods. Twenty-one samples were reported unsatisfactory and the following are details of those samples and the results of action taken:—

Sample No.	Article	Report	Action Taken and Result
F.20—informal	Beef sausage	Contained undeclared preservative (170 p.p.m. sulphur dioxide).	Legal proceedings taken—case dismissed on payment of costs totalling £3 7s. 0d.
F.39—formal	Beef sausage	Contained undeclared preservative (105 p.p.m. sulphur dioxide).	
F.21—informal	Beef sausage	Contained undeclared preservative (150 p.p.m. sulphur dioxide).	Legal proceedings taken—case dismissed on payment of costs totalling £3 7s. 0d.
F.40—formal	Beef sausage	Contained undeclared preservative (135 p.p.m. sulphur dioxide).	
F.25—informal	Fish cakes	Contained only 23% by weight of fish.	Legal proceedings taken—fine of £3 3s. 0d. imposed.
F.38—formal	Fish cakes	Contained only 12.2% by weight of fish. (Minimum fish content required by Food Standards (Fish Cake) Order, 1950, is 35%)	
F.41—informal	•Cream' Cookies	Content not Cream	Warning letter sent.
F.51—formal	•Cream' Cookies	Content not Cream.	
F.42—informal	•Cream' Cookies	Content not cream.	Legal proceedings taken—fine of £10 10s. 0d. imposed and £5 5s. 0d. costs.
F.52—formal	•Cream' Cookies	Content not cream.	
F.55—informal	Fish cakes.	Contained only 33.2% by weight of fish.	No further supplies came into the town from this source. Information passed to authority in town of manufacture.
F.76—informal	Stomach and liver herbs.	Infested with living mites.	Warning given—and further 14 packets of various herbs then in stock surrendered by trade.
F.79—informal	•Cream' cherry tarts.	Content not cream.	Formal sample taken and reported to be now satisfactory.
F.86—informal	Milk	6.6% deficient in fat	Warning letter sent.
F.87—informal	Milk	5.6% added water	
F.103—formal	Milk	1.8% added water.	
F.105—formal	Milk	0.3% added water.	
F.118—informal	Lemonade.	Minute traces of paraffin.	Warning letter sent.
F.197—formal	Whisky 70° proof.	Only 64.7° proof—this corresponds to a mixture of 92.5% of whisky at 70° proof with 7.5% water.	Legal proceedings taken under the Merchandise Marks Acts 1887 and 1953. Case dismissed by magistrates and consideration being given by the Corporation to the possibility of further action. (See notes under Merchandise Marks Acts).
F.200—informal	Sal volatile	Contained 0.86% ammonium carbonate and 0.22% free ammonia (British Pharmaceutical Codex 1959 specifies limits of 2.76% to 3.24% for ammonium carbonate and 1.12% to 1.25% for free ammonia).	No further supplies available for formal sample. Caution given.
F.201—informal	Sal volatile	Contained less than the required content of free ammonia—0.82%	Followed by formal sample (F.1/64) with similar result. Warning letter sent.

Pesticides in Food.

Ten samples of foodstuffs had been taken with a view to ascertain the presence or otherwise of residual pesticides. All were reported satisfactory.

Food Premises and Food Hygiene.

The food premises in the town are of the number and type shown below. It should be noted that these are classed according to the principal trade and in some cases it is not the only one:—

Retail Shops:—

Butchers	...	...	...	...	...	108
Bakers and confectioners	...	...	...	...	...	40
Fish fryers	...	...	...	...	...	40
Fishmongers	...	...	...	...	...	21
Grocers and general dealers	...	...	...	...	...	343
Greengrocers	...	...	...	...	...	53
Bakehouses	...	...	...	...	...	48
Catering	...	...	...	...	...	80
Public Houses and Clubs	...	...	...	...	...	133
Food stores and warehouses	...	...	...	...	...	27
Ice cream manufacture	...	...	...	...	...	10
Miscellaneous	...	...	...	...	...	162

Premises registered under Section 16, Food and Drugs Act, 1955.

For the manufacture, storage and sale of ice cream	358
For the manufacture or preparation of sausages or potted, pickled or preserved foods	151

During the year 1,486 inspections and visits have been made to premises in which food is manufactured, stored or sold. Of these 395 were registered premises. Two hundred and five notices were served and 743 improvements affected. Legal proceedings were instituted under the Food Hygiene Regulations on 4 occasions. In 2 cases relating to conditions found in premises fines totalling £50 and £208 respectively were imposed. In a third case a summons was withdrawn on completion of the work—provision of hand washing facilities. The fourth case was concerned with a food handler smoking—after repeated warnings—in a room containing open food. A fine of £5 was imposed by the magistrates.

Every opportunity is taken to educate and advise on food hygiene during visits and investigations of premises. Faults and contraventions of the regulations are pointed out and reasonable opportunity given for matters to be corrected. Only in the more serious

cases or when advice and cautions go unheeded are legal proceedings resorted to.

Ice Cream.

Premises used for the manufacture, storage or retailing of ice cream must be registered with the Council and these processes are closely supervised.

Samples are taken for bacteriological examination as well as for chemical analysis. The following are details of the bacteriological samples taken:—

<i>Provisional Grade</i>	<i>No. of Samples</i>	<i>Percentage of total</i>	<i>Remarks</i>
1	49	74·3	Good
2	11	16·7	Satisfactory
3	4	6	Unsatisfactory
4	2	3	Very unsatisfactory.

Four samples of ice lollies were also taken and reported satisfactory.

Milk Distribution.

There are 341 distributors in the borough selling heat treated milks from 8 different sources and raw farm bottled milk from 15 sources. Three hundred and thirty five sell sterilised milk, 87 sell pasteurised and 38 sell raw milk. There is one pasteurising plant in the town at which some 3,500 gallons of raw milk are pasteurised daily.

Samples are taken regularly and submitted to statutory test as a check on the adequacy of heat treatment and keeping quality. The total number of samples taken during the year was 313 and the results were as follows:—

Designation	Samples taken	Results of Tests.					
		Phosphatase		Methylene Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised	61	61	—	55	6	—	—
T.T.							
(Pasteurised)	91	90	1	86	5	—	—
T.T.							
(Farm bottled)	113	—	—	83	30	—	—
Sterilised	48	—	—	—	—	48	—

Milk (Special Designation) Regulations 1963.

These regulations re-enacted with some amendments those of 1960.

The principal change which will be most evident to the public will be the disappearance of the words "Tuberculin Tested." This will be replaced by the term "Untreated" as from 1st October, 1964. Both terms may be in use however from this date until 31st December, 1964, after which time the earlier designation will no longer be used.

Antibiotics in Milk.

A report published by the Ministry of Agriculture, Fisheries and Food during 1963 referred to the widespread use of antibiotics in the treatment of mastitis—inflammation of the udder—in cows.

The report prepared by the Milk Hygiene Sub-committee of the Milk and Milk Products Technical Advisory Committee was based on a 12 months survey of ex-farm milk sold by wholesale in England and Wales. Over 416 samples were examined and of these 11% representing 14% of the total milk sampled contained antibiotics.

It was recommended that Food and Drugs Authorities should be encouraged to sample and test ex-farm milks for the presence of antibiotics and to take proper action. In consequence of this recommendation samples of raw milk are now being taken for that purpose. Twenty-six samples were taken during 1963 and 3 were reported to have reacted to the test in such a way as to suggest that antibiotics were present. In each case the Ministry's Area Milk Officer was informed.

Brucella abortus.

One hundred and thirteen samples of raw milk were taken for testing by Ring test and culture. Thirty-one were positive to the Ring test but all were negative on culture and it was not considered necessary to take action in respect of the herd milks concerned.

Licensed Clubs.

Under the Licensing Act, 1960, the local authority may object to any application to the magistrates for registration to sell intox-

icating liquor on the premises. Reports have been submitted on the premises of all applicants generally as to suitability and particularly with regard to food hygiene. There are now 43 licensed clubs in the borough and 3 restaurant licences have also been considered. In all cases where alterations or additional facilities were required the necessary works were put in hand so that it was unnecessary to raise any objection to licensing.

Merchandise Marks Acts.

Although few inspections under these Acts are recorded separately, its provisions are always in mind when inspections of food premises are made and, if the recording of numbers was the prime object, an inspection could be recorded under the Acts in many of the instances recorded only as inspections of food premises.

Eight written notices were served under the Act during 1963 and legal proceedings were instituted in 2 cases. The first of these was in respect of tomatoes sold from a market stall and marked "Hot house tomatoes." On enquiry it was admitted that the tomatoes were in fact imported. Legal proceedings were instituted but were unsuccessful.

The second case was in respect of a sample of whisky taken at a licensed club and which proved to be only 64·7° proof instead of 70° proof as stated on the bottle. This corresponds to a mixture of 92·5 % whisky at 70° proof with 7·5 % of water. Though the samples had been taken in accordance with formal Food and Drugs Act procedure, it was decided for various reasons the legal proceedings should be instituted under the Merchandise Marks Acts against the club secretary as being the person who "had in his possession for the purpose of trade goods to which a false trade description was applied." The Magistrates were not satisfied that the club secretary was "in possession for the purpose of trade" and consequently dismissed the case.

Consideration is now being given by the Council to what further action, if any, should be taken in the matter.

Meat Inspection.

All slaughtering of animals for human consumption is done at the Public Abattoir.

During 1963 there occurred two matters of major importance in relation to slaughtering and meat inspection. The first of these was the completion of the slaughterhouse modernisation works and the consequent application to South Shields as from the 1st October of the Slaughterhouse (Hygiene) Regulations and the Slaughter of Animals (Prevention of Cruelty) Regulations. These were applied by the Appointed Day Number 3 Orders made by the Minister of Agriculture Fisheries and Food.

The second item of importance was the making of the Meat Inspection Regulations 1963 which also came into operation on the 1st October. These gave effect to the Government's expressed long standing intention to ensure that all home killed meat is inspected before it leaves the slaughterhouse. The main provisions are (a) meat at the slaughterhouse must be inspected, (b) meat must not be removed from the slaughterhouse until it has been inspected, (c) meat inspected and passed as fit for human consumption must be marked with a stamp identifying the inspector by whom the inspection was carried out; the mark to be placed on each quarter in the case of bovine animals and on each side in the case of pigs and sheep, (d) local authorities may charge for the inspection.

Meat inspection is consequently a firm responsibility of local authorities. Inspection must be carried out in such a way that all the points in the schedules of the Regulations are covered and so far as practicable whilst the carcase is being dressed. Local authorities are urged to make satisfactory staffing provisions for carrying out this duty but exceptionally where, despite such preparations, it proves impracticable to inspect meat in a particular instance the Ministry's Veterinary Inspector may be able to offer to undertake some inspection of meat. It must not be assumed however, that these officers will necessarily be available and the present cost for their services would be at a rate of 18/9d. for each half hour or part thereof plus any travelling expenses.

The Council resolved to impose charges for meat inspections in accordance with the maximum scale permitted by the Regulations—these are 2/6d. per bovine animal or horse (other than a calf), 9d. per calf or pig and 6d. per sheep, lamb or goat.

The number of animals slaughtered and inspected during 1963 was 38,473 compared with the previous year's figure of 43,406.

There was an increase of 835 in the number of cattle slaughtered but a reduction of 5,297 in the number of sheep, of 467 in the number of pigs and of 4 in the number of calves.

The incidence of tuberculosis continued to be low. Although 44 cattle and calves were found to be affected the majority of them were from a consignment of tuberculosis reactors and contacts of which the total number received was 62.

Cysticercus bovis infection showed a reduction with 10 cattle being affected giving a percentage of 0.17 compared with 0.5 last year. All the cases were localised and after condemnation of the affected parts the carcasses were submitted to refrigeration treatment before release.

CARCASSES AND OFFAL INSPECTED IN WHOLE OR IN PART.

	Cattle Excluding Cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
Number killed	3,485	2,783	110	27,539	4,556	—
Number inspected	3,485	2,783	110	27,539	4,556	—
<i>All diseases except tuberculosis and C. Bovis.</i>						
Whole Carcasses condemned	1	55	2	166	22	—
Carcasses of which some part or organ was condemned	854	1,684	1	1,470	379	—
Percentage of number inspected affected with disease other than tuberculosis and <i>Cysticerci</i>	24.5	62.4	2.7	5.9	8.8	—
<i>Tuberculosis only:</i>						
Whole carcasses condemned	—	2	1	—	—	—
Carcase of which some part or organ was condemned	2	32	7	—	35	—
Percentage of number inspected affected with tuberculosis	0.05	1.2	7.2	—	0.76	—
<i>Cysticercosis:</i>						
Whole carcasses condemned	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	9	1	—	—	—	—
Carcasses submitted to treatment by Refrigeration	9	1	—	—	—	—

Disposal of Unfit Food.

Unfit meat is collected by contract for processing by heat treatment. Before leaving the abattoir it is thoroughly stained with a green dye. All other condemned food is destroyed by incineration in accordance with arrangement with the Cleansing Superintendent.

The total weight of meat (including offal) rejected at the abattoir was 31 tons 9 cwts. 24 lbs.

Other foods inspected and condemned totalled 5 tons 15 cwts 84 lbs. made up as follows:—

Fresh foods:							lbs.
Butter	...	...	...	...	...	...	20
Cheese	...	...	...	...	...	...	45
Flour	...	...	...	...	...	...	45
Lard	...	...	...	...	...	...	42
Meat, Bacon, Ham	...	...	...	...	...	...	73
Miscellaneous	...	...	...	...	...	...	57
							<hr/> 282 <hr/>

Canned, bottled etc., foods:

Beans	...	...	...	...	...	...	254
Peas	...	...	...	...	...	...	762
Other vegetables	...	...	...	...	...	...	145
Cheese	...	...	...	...	...	...	87
Creamed rice	...	...	...	...	...	...	277
Fish	...	...	...	...	...	...	53
Fruit	...	...	...	...	...	...	748
Ham	...	...	...	...	...	...	4,510
Other meats	...	...	...	...	...	...	5,044
Jams, syrups etc.	...	...	...	...	...	...	124
Milk	...	...	...	...	...	...	282
Pickles, sauces etc.	...	...	...	...	...	...	9
Soups	...	...	...	...	...	...	161
Tomatoes	...	...	...	...	...	...	92
Miscellaneous	...	...	...	...	...	...	135
							<hr/> 12,683 <hr/>

The number of condemnation certificates issued in respect of these foods was 1,132—not including meat condemned at the time of slaughter.

ATMOSPHERIC POLLUTION.

In April the Council authorised the carrying out of a survey for the area bounded by Mortimer Road, Reading Road, Wantage Street and Stanhope Road, with a view to declaring it a smoke control area. The area contains approximately 500 houses. The decision was taken following assurance from the Ministry of Housing and Local Government that supplies of open fire coke would be available, but on completion of the survey in August the fuel situation changed. Because of the rapid technological changes taking place in the gas industry with the consequent reduction in

the supply of open fire coke produced as a bye product of gas manufacture, it was now learnt that supplies of this fuel would not be available for newly declared smoke control areas. Hard coke for use in room heaters (openable stoves)—which are much more efficient than the open fire and quite attractive in the modern styles, is in plentiful supply as is also gas, electricity for storage types of heaters and oil.

The major effect of this changed fuel situation is in the overall cost of conversion which is likely to be about $4\frac{1}{2}$ times greater than would previously have been the case. It also means the end of the open fire and this may mean that much greater efforts will be needed to persuade the public that the benefits of smoke control are worthwhile.

With these two facts in mind the Council decided at the turn of the year that a supplementary survey for the chosen area should be carried out with a view to ascertaining exactly the likely cost under the new circumstances and also to gauge public opinion in the area.

On the industrial side two of the most outstanding nuisances arose from railway locomotives. Over the British Railway engine sheds in Green Lane there is frequently a heavy pall of dark smoke resulting from the lighting up of locomotive fires. Exemption is provided in the Clean Air Act for smoke caused by the lighting up of a furnace from cold and although British Railway Authorities have frequently been asked to exercise all possible care to minimise the smoke emissions it would appear that a satisfactory solution will be found only in the conversion of the locomotives from steam to diesel propulsion.

From time to time smoke emission from locomotives passing through estates also gives rise to complaints. This applies not only to British Railways lines but to the National Coal Board line running along the coast from Whitburn to Westoe. In some instances the permitted periods of smoke emission are exceeded though it is often difficult to establish proof of this in the case of a moving locomotive; however there is little doubt that nuisance in the general sense occurs much more frequently than do contraventions which would permit formal proceedings to be taken under the Act as considerable stretches of the lines are closely bounded by houses.

Close contact is maintained with British Railways and with the National Coal Board on these questions. With British Railways it would appear once again that the ultimate conversion of diesel locomotives will provide the most satisfactory solution but the National Coal Board have been experimenting with mechanical stoking equipment in the hope of solving the problem that way and so being able to continue to use solid fuel. These efforts unfortunately have not yet resulted in any alleviation of the situation in South Shields.

Persistent contraventions of the permitted periods of smoke emission were reported to the Council in respect of one factory and the Town Clerk was asked to take the matter up with the firm concerned. In three other instances contraventions have been remedied after informal discussions.

Measurement of Atmospheric Pollution.

The following tables give monthly average values for sulphur dioxide and smoke and also the highest and lowest daily readings in each month as recorded by the instruments maintained at the Public Health Department, the Girls' Grammar School and the Boys' Grammar School. The instrument at the Boys' Grammar School, was out of operation for the latter part of the year owing to building operations being carried out there.

PUBLIC HEALTH DEPARTMENT.

Month	SO ₂ in Microgrammes/cu. metre			Smoke in Microgrammes/cu. metre		
	Average Value	Highest Daily Value	Lowest Daily Value	Average Value	Highest Daily Value	Lowest Daily Value
January	223	598	48	446	1,068	112
February.....	261	521	103	504	960	196
March	257	1,003	105	369	940	192
April	120	390	52	226	384	76
May.....	113	252	44	185	300	112
June.....	97	199	53	166	352	92
July	96	178	59	77	240	52
August	104	180	48	176	344	48
September	159	330	86	237	472	84
October.....	217	375	41	296	512	144
November	165	271	72	311	508	60
December	203	467	111	381	796	168

GIRLS' GRAMMAR-TECHNICAL SCHOOL.

Month	SO ₂ Microgrammes/cu. metre			Smoke in Microgrammes/cu. metre		
	Average Value	Highest Daily Value	Lowest Daily Value	Average Value	Highest Daily Value	Lowest Daily Value
January	272	675	47	296	768	20
February.....	165	421	99	342	556	152
March	172	465	73	229	556	120
April	102	208	38	142	252	40
May.....	80	122	43	105	170	48
June.....	59	225	12	72	272	16
July	88	164	40	87	158	40
August	—	—	—	—	—	—
September	123	394	26	183	384	68
October.....	191	432	111	226	568	100
November	194	432	62	338	436	96
December	195	722	52	357	1,036	78

BOYS' GRAMMAR-TECHNICAL SCHOOL.

Month	SO ₂ in Microgrammes/cu. metre			Smoke in Microgrammes/cu. metre		
	Average Value	Highest Daily Value	Lowest Daily Value	Average Value	Highest Daily Value	Lowest Daily Value
January	—	—	—	—	—	—
February.....	219	446	82	265	456	56
March	135	325	45	133	312	68
April	86	194	18	67	120	28
May.....	93	481	24	58	316	8
June.....	—	—	—	—	—	—
July	—	—	—	—	—	—
August	—	—	—	—	—	—
September	—	—	—	—	—	—
October.....	—	—	—	—	—	—
November	—	—	—	—	—	—
December	—	—	—	—	—	—

FACTORIES.

Inspections for the purposes of provisions as to health:

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities...	26	10	2	—
(ii) Factories not included in (i) where Section 7 is enforced by the Local Authority	311	128	7	—
(iii) Other premises in which Section 7 is enforced by the Local Authority	62	73	9	—
Total	399	211	18	—

Cases in which defects were found:

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1.)...	1	2	—	—	—
Overcrowding (S.2)	1	1	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate Ventilation (S.4)	2	3	—	—	...
Ineffective drainage of floors (S.6)	2	2	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	9	9	—	—	—
(b) Unsuitable or defective	5	7	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	4	3	2	—	—
Total	24	27	2	—	—

Outworkers.

No outworkers were notified during the year.

CONTROL OF RODENT AND OTHER PESTS.

During the year 476 notifications of rodent infestation were received and a further 35 infestations were found in the course of surveys under the Prevention of Damage by Pests Act, 1949, or when visiting primarily for other purposes. Of the total infestations 168 were of rats and 343 of mice. Three hundred and thirty-five were in dwellings and 176 in business or council premises or land.

Nine notices were served regarding work necessary to prevent re-infestation.

The sewerage systems of the town were twice treated during the year; from a total of 637 points baited 118 takes were recorded.

In addition to giving advice about treatment for infestation of insects and other pests the department undertakes disinfection at a charge which covers the cost of labour and materials; 123 infestations were dealt with in this way during the year.

SUMMARY OF PUBLIC HEALTH INSPECTORS' WORK, 1963.

Complaints received	...	...	...	...	...	...	...	1,175
(a) Inspections and Investigations :								
<i>Houses Inspected for Housing Defects—</i>								
(a) Under Public Health Acts	...	...	...	...	...	...	...	486
(b) Under Housing Acts	...	...	...	...	...	...	...	443
(c) Improvement Grants	...	...	...	...	...	...	...	85
(d) Certificates of Disrepair	...	...	...	...	...	...	...	6
<i>Houses Re-inspected—</i>								
(a) Under Public Health Acts	...	...	...	...	...	...	...	1,070
(b) Under Housing Acts	...	...	...	...	...	...	...	48
(c) Improvement Grants	...	...	...	...	...	...	...	134
(d) Certificates of Disrepair	...	...	...	...	...	...	...	15
Boarding Houses and Houses in Multi- occupation	...	...	...	...	...	...	...	158
Seamen's Lodging Houses	.....	...	...	...	...	...	...	73
Verminous or dirty premises	...	...	...	...	...	...	...	192
Other nuisances	...	...	...	...	...	...	...	115
<i>Drainage:</i>								
Visits	...	...	...	...	...	...	...	228
Works Supervised...	...	...	...	...	...	...	...	37
Tests applied	...	...	...	...	...	...	...	132
<i>Infectious Diseases:</i>								
Cases investigated...	...	...	...	...	...	...	...	421
Visits of surveillance	...	...	...	...	...	...	...	217
Visits <i>re</i> pathological specimens etc.	...	...	...	...	...	...	...	969
Premises disinfected	...	...	...	...	...	...	...	77
<i>Overcrowding:</i>								
Houses Inspected	...	...	...	...	...	...	...	16
Instances detected...	...	...	...	...	...	...	...	13
<i>Factories:</i>								
Power	...	...	...	...	...	...	...	128
Non-power	...	...	...	...	...	...	...	10
Building and Engineering Works	...	...	...	...	...	...	...	73
Workplaces & Shops (Shops Act)	...	...	...	...	...	...	...	12
Outworker's premises	...	...	...	...	...	...	...	—
Offensive trades	...	...	...	...	...	...	...	16
Places of public entertainment	...	...	...	...	...	...	...	9
Pet shops	...	...	...	...	...	...	...	13
Schools	...	...	...	...	...	...	...	3
Upholsterers etc.	...	...	...	...	...	...	...	4
Merchandise Marks Acts	...	...	...	...	...	...	...	13
Barbers and hairdressers establishments	...	...	...	...	...	...	...	6
Fertilisers and Feeding Stuffs	...	...	...	...	...	...	...	18
Samples taken	...	...	...	...	...	...	...	21
Swimming Baths—samples taken—bacteriological	...	...	...	...	...	...	...	96
Pharmacy & Poisons register premises	...	...	...	...	...	...	...	3
<i>Food Premises:</i>								
Registered under Food and Drugs Act...	...	...	...	...	...	...	...	395
Others	...	...	...	...	...	...	...	1,091
Inspections of unsound food	...	...	...	...	...	...	...	189
Condemnation Certificates issued	...	...	...	...	...	...	...	1,132
<i>Food and Drug Samples Taken:</i>								
<i>Milk.</i>								
Chemical	...	...	...	...	...	...	...	125
Bacteriological	...	...	...	...	...	...	...	313
Antibiotics	...	...	...	...	...	...	...	26
<i>Ice cream.</i>								
Chemical	...	...	.....	...	...	...	...	10
Bacteriological	...	...	...	...	...	...	...	70

[illegible]

Part V

Miscellaneous Services

Welfare of Blind Persons.

Home Accidents.

National Assistance Act, 1948, Section 47.

National Assistance (Amendment) Act, 1951.

Medical Examinations.

Blind Persons.

I am indebted to the Director of Welfare Services for the information which he supplied for this part of the report.

During the year the total number of Forms B.D.8. submitted was 35 and the number of persons certified as blind was 32.

<i>Age Groups</i>	<i>On Certification</i>	<i>At Onset of Blindness</i>
up to 9 years	—	1
10 to 19 years	—	—
20 to 29 years	—	—
30 to 39 years	1	1
40 to 49 years	1	1
50 to 59 years	2	5
60 to 69 years	5	4
70 to 79 years	15	12
80 and over	8	8
Total	32	32

The total number on the Blind Register at the end of the year was 363.

Treatment.

Follow up of Registered Blind Persons.

	Causes of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during 1963, in respect of which para. 7(c) of Form B.D.8. recommends—				
(a) No Treatment	5	3	...	14
(b) Treatment (Medical, surgical or optical)	7	1	...	2
(c) Treatment inadvisable ...	...	...	...	...
(ii) Number of cases at (i) (b) above which on follow up action have received treatment.....	2	...	...	2

Home Accidents.

During the ten years up to the end of 1963, 123 persons lost their lives as a result of home accidents in South Shields. The mortality due to road accidents in the same period was 108. In the following table, the age group distribution of home accidents deaths is shown.

Home Accident Deaths. South Shields. 1954-1963.

Year	0—1 years	2—4	5— 14	15— 24	25— 34	35— 44	45— 54	55— 64	65— 74	75— 84	85+	Total
1954	3	...	...	...	...	...	...	1	2	...	1	7
1955	1	1	...	...	1	...	...	...	...	3	...	6
1956	1	1	1	...	1	...	...	...	1	1	...	6
1957	2	...	...	...	1	...	...	2	2	1	...	8
1958	1	...	...	...	...	...	1	1	2	6	2	13
1959	5	...	...	...	...	...	...	1	4	9	1	20
1960	1	2	...	...	...	1	1	2	2	3	1	13
1961	4	...	...	...	1	...	1	1	1	4	1	13
1962	5	1	...	...	...	...	1	1	2	4	1	15
1963	4	1	...	...	1	1	...	2	3	7	3	22
	27	6	1	...	5	2	4	11	19	38	10	123

This table underlines the fact that the persons most at risk in the home are children under five and elderly persons over the age of 65: these categories account for 81% of the total deaths. Of the 33 deaths of children under five, 31 died from suffocation due to various causes such as inhalation of regurgitated food, smothering by pillows and overlaying.

Fifty-two of the deaths were due to accidental falls—44 of these were over the age of 65 years; and 29 deaths followed burns and scalds.

The members of the department staff, especially the health visitors, constantly refer to the prevention of home accidents in talks to groups and individuals and appropriate posters are regularly displayed in clinic premises.

National Assistance Act, 1948: Section 47, and National Assistance (Amendment) Act, 1951.

It was not found necessary to use the provisions of these Acts during the year.

Medical Examination for the purpose of Superannuation and Sick Pay Schemes.

The following table indicates the number of medical examinations carried out during 1963 by the Medical Staff of the Health Department.

Categories	1963		1962	
	Male	Female	Male	Female
For other Depts., within the Local Authority	206	144	181	69
Health Department	11	24	9	20
Teachers and Teacher Candidates	61	73	52	63
Special Examination	18	9	34	5
Examinations for other Authorities....	9	3	3	4
Total	305	253	279	161

A total of sixteen candidates (2·9 %) were not recommended for acceptance into the Superannuation Scheme.

Five examinations were carried out by other authorities on behalf of the department.

In April 1963 the Public Health Committee rejected proposals that recommendations for acceptance or otherwise into the Superannuation and Sick Pay Schemes should be on the basis of a health statement signed by the candidate and chest X-ray, except for entrants over the age of 45 years, appointments in which public safety are concerned, registered disabled and teacher training candidates, where a complete medical examination was considered necessary.

The scheme also included proposals for the setting up of a much needed Occupational Health Service for employees of the Corporation. Although similar schemes are in being in several major authorities, the proposals met with unfavourable comment from local branches of the Trade Unions.

